

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. # TCA-14

For 000000 3177

CONTACT: LYDIA KOTT

DATE: 6-20-02

REF. #: 0173. 7332

CORP. NAME: CALPINE OPERATIONS MANAGEMENT
CORPORATION

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: _____ | | |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000005895490--0
-06/21/02--01005--003
*****78.75 *****78.75

STATE FEES PREPAID WITH CHECK# 502574 FOR \$ 78.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- ☐ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING
☒ CERTIFICATE OF STATUS

☒ PLAIN STAMPED COPY

RECEIVED
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TALLAHASSEE, FLORIDA

Examiner's Initials

6/21
chest

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Calpine Operations Management Company, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. 77-0558496
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 15, 2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 9 East Loockerman St., Dover, County of Kent, Delaware 19901
(Principal office address)
c/o Calpine Corporation 50 W. San Fernando St., San Jose, CA 95113
(Current mailing address)
8. Administrative support services for energy production.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: NRAI Services, Inc.
Office Address: 526 E. Park Avenue
Tallahassee, Florida 32301
(City) (Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc.

By: _____



(Registered agent's signature) Charles Baclet, Vice President

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: **SEE ATTACHED**

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: **SEE ATTACHED**

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Lisa M. Bodensteiner
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Lisa M. Bodensteiner, Assistant Secretary
(Typed or printed name and capacity of person signing application)

**ATTACHMENT
STATE OF FLORIDA**

**STATE OF FLORIDA APPLICATION BY FOREIGN CORPORATION TO
TRANSACTION BUSINESS**

Calpine Operations Management Company, Inc.
C/o Calpine Corporation
50 W. San Fernando St.
San Jose, CA 95113

OFFICERS:

Name	Title
Peter Cartwright	President
Ann B. Curtis	Executive Vice President and Secretary
Thomas R. Mason	Executive Vice President
Eric N. Pryor	Senior Vice President
E. James Macias	Senior Vice President
Robert D. Kelly	Senior Vice President
Douglas L. Kieta	Senior Vice President
Angelo Urbani	Vice President
Doug Williamson	Vice President
Fred Manuel	Vice President
Ron Simms	Vice President
Ross Cates	Vice President
Charles B. Clark, Jr.	Chief Financial Officer
Lisa M. Bodensteiner	Assistant Secretary
Nancy Murray	Assistant Secretary

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DIRECTORS:

NAME	TITLE
Peter Cartwright	Chairman of the Board
Ann B. Curtis	Vice Chairman of the Board

Address for Officers & Directors:

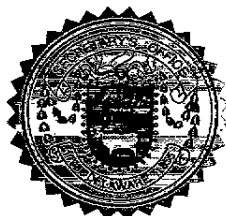
C/O: Calpine Corporation
50 W. San Fernando St.
San Jose, CA 95113

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CALPINE OPERATIONS MANAGEMENT COMPANY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JUNE, A.D. 2002.



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020355476

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1809995

DATE: 06-04-02