


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000003177
 1. Entity Name
 CALPINE OPERATIONS MANAGEMENT COMPANY, INC.



Principal Place of Business Mailing Address
 %CALPINE CORPORATION %CALPINE CORPORATION
 50 WEST SAN FERNANDO ST. 50 WEST SAN FERNANDO ST.
 SAN JOSE, CA 95113 SAN JOSE, CA 95113

DO NOT WRITE IN THIS SPACE



04232004 No Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
 77-0558496 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U000000154523
 05/04/04-80170-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARTWRIGHT, PETER
STREET ADDRESS	50 W SAN FERNANDO ST
CITY-ST-ZIP	SAN JOSE, CA 95113
TITLE	VPS
NAME	CURTIS, ANN B
STREET ADDRESS	50 W SAN FERNANDO ST
CITY-ST-ZIP	SAN JOSE, CA 95113
TITLE	EVP
NAME	MASON, THOMAS R
STREET ADDRESS	50 W SAN FERNANDO ST
CITY-ST-ZIP	SAN JOSE, CA 95113
TITLE	SVP
NAME	PRYOR, ERIC N
STREET ADDRESS	50 W SAN FERNANDO ST
CITY-ST-ZIP	SAN JOSE, CA 95113
TITLE	SVP
NAME	MACIAS, E. JAMES
STREET ADDRESS	50 W SAN FERNANDO ST
CITY-ST-ZIP	SAN JOSE, CA 95113
TITLE	SVP
NAME	KELLY, ROBERT D
STREET ADDRESS	50 W SAN FERNANDO ST
CITY-ST-ZIP	SAN JOSE, CA 95113

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gustavo Grunbaum* Gustavo Grunbaum, Assistant Secretary 4/22/2004