


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000003177 1. Entity Name CALPINE OPERATIONS MANAGEMENT COMPANY, INC.	
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Principal Place of Business %CALPINE CORPORATION 50 WEST SAN FERNANDO ST. SAN JOSE, CA 95113	Mailing Address %CALPINE CORPORATION 50 WEST SAN FERNANDO ST. SAN JOSE, CA 95113
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DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 77-0558496	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000364404
05/06/05-80042-004 150.00

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Yanira Wong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05
Date

Daytime Phone #