## 2007 FOR PROFIT CORPORATION

## Jun 05, 2007 8:00 am Secretary of State **ANNUAL REPORT** 06-05-2007 90012 035 \*\*\*550 00 DOCUMENT # F02000003177 CALPINE OPERATIONS MANAGEMENT COMPANY, INC. 40119810 Mailing Address Principal Place of Business %CALPINE CORPORATION %CALPINE CORPORATION 50 WEST SAN FERNANDO ST. 50 WEST SAN FERNANDO ST. SAN JOSE, CA 95113 SAN JOSE, CA 95113 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05032007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable 77-0558496 Zip Country Country 7in \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change Addition LITLE Delete President NAME DAVIDO, SCOTT J NAME Robert P. May C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS STREET ADDRESS c/o Calpine Corporation CITY-ST-ZIP SAN JOSE, CA 95113 CITY-ST-ZIP 50 W. San Fernando St., San Jose, Ca 95113 CFO2 Change 🔀 Addition TITLE ☐ Delete TITLE Vice President and Treasurer NAME CLARK, CHARLES B JR NAME Eric N. Pryor STREET ADDRESS C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS c/o Calpine Corporation 50 W. San Fernando St., San Jose, Ca 95113 CITY-ST-ZIP CITY-ST-ZIP SAN JOSE, CA 95113 DILE ☐ Delete TITLE ☐ Change ■ Addition FISHMAN, ROBERT E NAME NAME C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAN JOSE, CA 95113 CHY-SI-782 TITLE ☐ Channe ☐ Addition TITLE Delete NAME MURRAY, NANCY NAME C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS STREET ADDRESS SAN JOSE, CA 95113 CITY-ST-ZIP CITY-ST-ZIP DHE AS Delete TITLE Change Addition JAAP, CHRISTPHER NAME NAME C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS STREET ADDRESS SAN JOSE, CA 95113 CITY-S1-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Defete

SIGNATURE:

OFFLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

□ Addition

**FILED** 

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT DOCUMENT # F02000003177 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 . HO119816 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05032007 Chg-P CR2E034 (12/06) City & State City & State 4 FEL Numbe Applied For 77-0558496 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code 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. Lam 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PCS** Change Addition TITLE Delete THLE President DAVIDO, SCOTT J NAME NAME Robert P. May C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS STREET ADDRESS c/o Calpine Corporation CITY-ST-ZIP SAN JOSE, CA 95113 CHY ST ZIP 50 W. San Fernando St., San Jose, Ca 95113 TITLE CEO7 Delete TITLE Addition ☐ Change Vice President and Treasurer NAME CLARK, CHARLES B JR Eric N. Pryor STREET ADDRESS C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS c/o Calpine Corporation CITY - ST - ZIP SAN JOSE, CA 95113 CHY-S1-ZIP 50 W. San Fernando St., San Jose, Ca 95113 VΡ TIFLE ☐ Delete ☐ Change ☐ Addition FISHMAN, ROBERT E NAME MAME STREET ADDRESS C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS CITY-ST-ZIP SAN JOSE, CA 95113 CHY-S1-ZIP 11115 ☐ Change TITLE AS ☐ Delete ☐ Addition NAME MURRAY, NANCY HAME STREET ADDRESS C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP SAN JOSE, CA 95113 TIFLE Delete mile Change Addition AS NAME JAAP, CHRISTPHER NAMI C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP SAN JOSE, CA 95113 CHY ST ZIP THEF Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP CHY ST ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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

Daytime Phone #

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR