

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2007 8:00 am**  
**Secretary of State**

06-05-2007 90012 035 \*\*\*550.00

<b>DOCUMENT # F02000003177</b> 1. Entity Name <b>CALPINE OPERATIONS MANAGEMENT COMPANY, INC.</b>					
Principal Place of Business <b>%CALPINE CORPORATION 50 WEST SAN FERNANDO ST. SAN JOSE, CA 95113</b>			Mailing Address <b>%CALPINE CORPORATION 50 WEST SAN FERNANDO ST. SAN JOSE, CA 95113</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
4. FEI Number <b>77-0558496</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCS <input checked="" type="checkbox"/> Delete <b>DAVIDO, SCOTT J C/O CALPHINE CORP., 50 W. SANFERNANDO ST. SAN JOSE, CA 95113</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>President Robert P. May c/o Calpine Corporation 50 W. San Fernando St., San Jose, Ca 95113</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>CFO CLARK, CHARLES B JR C/O CALPHINE CORP., 50 W. SANFERNANDO ST. SAN JOSE, CA 95113</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Vice President and Treasurer Eric N. Pryor c/o Calpine Corporation 50 W. San Fernando St., San Jose, Ca 95113</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VP FISHMAN, ROBERT E C/O CALPHINE CORP., 50 W. SANFERNANDO ST. SAN JOSE, CA 95113</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>AS MURRAY, NANCY C/O CALPHINE CORP., 50 W. SANFERNANDO ST. SAN JOSE, CA 95113</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>AS JAAP, CHRISTPHER C/O CALPHINE CORP., 50 W. SANFERNANDO ST. SAN JOSE, CA 95113</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="text-align: right;"> <b>5/11/07</b>  <small>Date</small> </div> <div style="text-align: right;"> <b>(408) 995-5115</b>  <small>Daytime Phone #</small> </div>		


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05032007 Chg-P CR2E034 (12/06)

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ATTACHMENT

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City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>77-0558496</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCS <input checked="" type="checkbox"/> Delete <b>DAVIDO, SCOTT J C/O CALPINE CORP., 50 W. SANFERNANDO ST. SAN JOSE, CA 95113</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Robert P. May c/o Calpine Corporation 50 W. San Fernando St., San Jose, Ca 95113</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO <input type="checkbox"/> Delete <b>CLARK, CHARLES B JR C/O CALPINE CORP., 50 W. SANFERNANDO ST. SAN JOSE, CA 95113</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President and Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Eric N. Pryor c/o Calpine Corporation 50 W. San Fernando St., San Jose, Ca 95113</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> Delete <b>FISHMAN, ROBERT E C/O CALPINE CORP., 50 W. SANFERNANDO ST. SAN JOSE, CA 95113</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS <input type="checkbox"/> Delete <b>MURRAY, NANCY C/O CALPINE CORP., 50 W. SANFERNANDO ST. SAN JOSE, CA 95113</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS <input type="checkbox"/> Delete <b>JAAP, CHRISTPHER C/O CALPINE CORP., 50 W. SANFERNANDO ST. SAN JOSE, CA 95113</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	

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