

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # F03000001446

1. Entity Name
CAITHNESS CORPORATION



Principal Place of Business
**565 FIFTH AVENUE, 29TH FLOOR
NEW YORK, NY 10017**

Mailing Address
**565 FIFTH AVENUE, 29TH FLOOR
NEW YORK, NY 10017**



04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0511310

Applied For
☐ 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**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCCE
BISHOP, JAMES D
565 FIFTH AVENUE, 29TH FLOOR
NEW YORK, NY 10017**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVC
BISHOP, JAMES D JR
565 FIFTH AVENUE, 29TH FLOOR
NEW YORK, NY 10017**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
GOLLAN, BARBARA B
565 FIFTH AVENUE, 29TH FLOOR
NEW YORK, NY 10017**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCOO
GELBER, LESLIE J
565 FIFTH AVENUE, 29TH FLOOR
NEW YORK, NY 10017**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
MCCALLION, CHRISTOPHER
565 FIFTH AVENUE, 29TH FLOOR
NEW YORK, NY 10017**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000732152
05/09/07-80035-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/07

Daytime Phone #