2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001446

Entity Name: CAITHNESS CORPORATION

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 565 FIFTH AVENUE, 29TH FLOOR NEW YORK, NY 10017 **Current Mailing Address: New Mailing Address:** 565 FIFTH AVENUE, 29TH FLOOR NEW YORK, NY 10017 FEI Number: 03-0511310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DCCE () Delete () Change () Addition BISHOP, JAMES D Name: Name: 565 FIFTH AVENUE, 29TH FLOOR Address: Address: City-St-Zip: NEW YORK, NY 10017 City-St-Zip: DVC Title: Title: () Delete () Change () Addition Name: BISHOP, JAMES D JR Name: 565 FIFTH AVENUE, 29TH FLOOR Address: Address: NEW YORK, NY 10017 City-St-Zip: City-St-Zip: Title: () Delete Title: DVP () Change () Addition GOLLAN, BARBARA B Name: Name: 565 FIFTH AVENUE, 29TH FLOOR Address: Address: NEW YORK, NY 10017 City-St-Zip: City-St-Zip: Title: PC00 (X) Delete Title: () Change () Addition GELBER, LESLIE J Name: Name: Address: 565 FIFTH AVENUE, 29TH FLOOR Address: City-St-Zip: NEW YORK, NY 10017 City-St-Zip: Title: (X) Delete Title: () Change () Addition MCCALLION, CHRISTOPHER Name: Name: 565 FIFTH AVENUE, 29TH FLOOR Address: Address: City-St-Zip: NEW YORK, NY 10017 City-St-Zip: Title: () Delete Title: SVP (X) Change () Addition CASALE, DAVID Name: Name: CASALE, DAVID 555 FIFTH AVENUE 29TH FLOOR 555 FIFTH AVENUE 29TH FLOOR Address: Address: City-St-Zip: NEW YORK, NY 10017 City-St-Zip: NEW YORK, NY 10017

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID CASALE SVP 04/07/2009