2007 FOR PROFIT CORPORATION

Jun 05, 2007 8:00 am Secretary of State ANNUAL REPORT 06-05-2007 90012 032 ***550 00 DOCUMENT # F03000003409 1. Entity Name CALPINE CORPORATION 4011202 Principal Place of Business Mailing Address 50 WEST SAN FERNANDO STREET 50 WEST SAN FERNANDO STREET 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 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 77-0212977 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 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. I am familiar with, and accept the obligations of registered agent SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. CEO Executive Vice President ☐ Change TITLE ☐ Defete TITLE Gregory L. Doody NAME MAY, ROBERT P NAME c/o Calpine Corporation C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS STREET ADDRESS 50 W. San Fernando St., San Jose, Ca 95113 CITY-ST-ZIP CITY-ST-ZIP SAN JOSE, CA 95113 Senior Vice President Eric N. Pryor Change Addition Delete TITLE THLE DAVIDO, SCOTT J NAME NAME c/o Calpine Corporation C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS STREET ADDRESS 50 W. San Fernando St., San Jose, Ca 95113 CITY-ST-ZIP SAN JOSE, CA 95113 CITY-ST-ZIP SVPT TITLE ☐ Change Addition TITLE ☐ Delete BROWN, MELISSA A NAME NAME STREET ADDRESS C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SAN JOSE, CA 95113 ☐ Channe ☐ Addition X Delete TITLE TITLE MURRAY, NANCY NAME NAME STREET ADDRESS C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS CITY-ST-ZIP SAN JOSE, CA 95113 CITY-ST-ZIP TITLE ☐ Delete mile ☐ Change Addition NAME CLARK, CHARLES B JY NAME C/O CALPHINE CORP., 50 W. SANFERNANDO ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP SAN JOSE, CA 95113 ☐ Addition ☐ Change TITLE SVP Delete TOLE MACIAS, JAMES E NAME NAME

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 receivers 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 attachip in address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

C/O CALPHINE CORP., 50 W. SANFERNANDO ST.

SAN JOSE, CA 95113

STREET ADDRESS

CITY-ST-ZIP

Eric N. Pryor, Senior Vice President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(408)995-5115

5/11 2007

Date

FILED

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

, 2007 Daytime Phone #

DOCUMENT # F0300003409 1. Entity Name CALPINE CORPORATION					S TOTAL STATE OF THE STATE OF T					
Principal Place 50 WEST SAN SAN JOSE, CA	N FERNANDO STREET	Mailing Address 50 WEST SAN FERNANDO STREET SAN JOSE, CA 95113				40119819				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						11	or 4190 89()@)∄	(40) 41
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			05	05032007 Chg-P CR2E034 (12/06)				
City & State	е	City & State			1	FEI Numbe 77-021:			 	plied For t Applicable
Zip	Country	Zip	Coun	Country		Certificate	of Status Desire		\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of Ne				w Registered A	gent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	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										
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 9. Election Campaign Trust Fund Contrib					\$5.00 Added to					
10.	0. OFFICERS AND DIRECTORS				AD	DDITIONS/	CHANGES TO	OFFICERS AND	DIRECTORS	S IN 11
TITLE	CEO Delete			E NE	Exeguti Gregory		e Presiden odv	ıt	☐ Change	⊠ Addition
NAME STREET ADDRESS CITY-ST-ZIP	C/O CALPHINE CORP., 50 W. SANFERNANDO ST.			ET ADDRESS	c/o Cal	Calpine Corporation W. San Fernando St., San Jose, Ca 95113				
TITLE	EVP	X Delete	TITL	E	Senior	Vice Pr	resident	·	☐ Change	Addition
NAME STREET ADDRESS CHY-ST-ZIP	C/O CALPHINE CORP., 50 W. SANFERNANDO ST.			CI VDDGEEC	c/o Cal	Calpine Corporation W. San Fernando St., San Jose, Ca 95113				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/O CALPHINE CORP., 50 W. SANFERNANDO ST.			E LET ADDRESS -ST-ZIP					Change	Addition
11TLE NAME STREET ADDRESS CITY-ST-ZIP	AS Delete MURRAY, NANCY C/O CALPHINE CORP., 50 W. SANFERNANDO ST. SAN JOSE, CA 95113			E IE EET ADDRESS -ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLARK, CHARLES B JY C/O CALPHINE CORP., 50 W. SANFERNANDO ST.			E HE EET ADDRESS '-ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MACIAS, JAMES E C/O CALPHINE CORP., 50 W. SANFERNANDO ST. SAN JOSE, CA 95113			E SI-ZIP					Change	Addition
12. Thereby 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.										

Eric N. Pryor, Senior Vice President (408)995-5115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ORDER

Oale

SIGNATURE: