## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

95113

San Jose, Ca

C/O CALPINE CORPORATION

SAN JOSE, CA 95113

50 WEST SAN FERNANDO, 6TH FLOOR

50 W. San Fernando St.

## DOCUMENT # F03000003453

CALPINE POWER SERVICES, INC.

50 WEST SAN FERNANDO, 6TH FLOOR

50 W. San Fernando St.

Principal Place of Business

2. Principal Place of Business

San Jose, Ca

SAN JOSE, CA 95113

Suite, Apt. #, etc.

95113

City & State

SIGNATURE.



FILED May 05, 2004 8:00 am **Secretary of State** 

05-05-2004 90216 011 \*\*\*150.00

24069540



DATE

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

Country

Santa Clara

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

Name			
Street Address (P.O. Box Number is Not Acceptable)			
•			
City	FI	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

(NOTE: Registered Agent signature required when reinstating)

Country

Santa Clara

FILE NOW!!!	FEE IS \$150.00
After May 1, 2004	4 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition CARTWRIGHT, PETER NAME NAME STREET ADDRESS 50 WEST SAN FERNANDO, 6TH FLOOR STREET ADDRESS CITY-ST-ZIP SAN JOSE, CA 95113 CITY-ST-ZIP VAD TITLE ☐ Delete TITLE Change ☐ Addition CURTIS, ANN B NAME NAME STREET ADDRESS 50 WEST SAN FERNANDO, 6TH FLOOR STREET ADDRESS CITY-ST-ZIP SAN JOSE, CA 95113 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KELLY, ROBERT D NAME STREET ADDRESS 50 WEST SAN FERNANDO, 6TH FLOOR STREET ADDRESS CITY-ST-ZIP **SAN JOSE, CA 95113** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MACIAS, E. JAMES NAME NAME 50 WEST SAN FERNANDO, 6TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SAN JOSE, CA 95113** ☐ Delete TITLE TIT) F ☐ Change ☐ Addition MASON, THOMAS R NAME NAME STREET ADDRESS 50 WEST SAN FERNANDO, 6TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN JOSE, CA 95113 TITLE TITLE ☐ Change Addition ☐ Delete NAME KIETA, DOUG NAME STREET ADDRESS 50 WEST SAN FERNANDO, 6TH FLOOR STREET ADDRESS

CITY-ST-ZIP

SAN JOSE, CA 95113

CITY-ST-ZIP

gustavo Grunbaum, Assistant Secretary

4/22/2004

<sup>12.</sup> I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.