


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000003453 1. Entity Name CALPINE POWER SERVICES, INC.	
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Principal Place of Business 50 WEST SAN FERNANDO SAN JOSE, CA 95113	Mailing Address 50 WEST SAN FERNANDO SAN JOSE, CA 95113
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DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3642873	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000364377 05/06/05-80042-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CARTWRIGHT, PETER 50 WEST SAN FERNANDO, 6TH FLOOR SAN JOSE, CA 95113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAD CURTIS, ANN B 50 WEST SAN FERNANDO, 6TH FLOOR SAN JOSE, CA 95113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLY, ROBERT D 50 WEST SAN FERNANDO, 6TH FLOOR SAN JOSE, CA 95113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MACIAS, E. JAMES 50 WEST SAN FERNANDO, 6TH FLOOR SAN JOSE, CA 95113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MASON, THOMAS R 50 WEST SAN FERNANDO, 6TH FLOOR SAN JOSE, CA 95113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KIETA, DOUG 50 WEST SAN FERNANDO, 6TH FLOOR SAN JOSE, CA 95113

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12. 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.

SIGNATURE:  **Yanira Wong** 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #