

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # F04000000044**

1. Entity Name  
**CALPINE OPERATING SERVICES COMPANY, INC.**



Principal Place of Business  
**50 WEST SAN FERNANDO STREET  
SAN JOSE, CA 95113**

Mailing Address  
**50 WEST SAN FERNANDO STREET  
SAN JOSE, CA 95113**



04252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**71-0887428**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U000000364400  
05/06/05-80042-003 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PCD
NAME	CARTWRIGHT, PETER
STREET ADDRESS	50 WEST SAN FERNANDO STREET
CITY-ST-ZIP	SAN JOSE, CA 95113
TITLE	VD
NAME	CURTIS, ANN B
STREET ADDRESS	50 WEST SAN FERNANDO STREET
CITY-ST-ZIP	SAN JOSE, CA 95113
TITLE	VS
NAME	BODENSTEINER, LISA M
STREET ADDRESS	50 WEST SAN FERNANDO STREET
CITY-ST-ZIP	SAN JOSE, CA 95113
TITLE	V
NAME	MASON, THOMAS R
STREET ADDRESS	50 WEST SAN FERNANDO STREET
CITY-ST-ZIP	SAN JOSE, CA 95113
TITLE	V
NAME	KELLY, ROBERT D
STREET ADDRESS	50 WEST SAN FERNANDO STREET
CITY-ST-ZIP	SAN JOSE, CA 95113
TITLE	V
NAME	MACIAS, E. JAMES
STREET ADDRESS	50 WEST SAN FERNANDO STREET
CITY-ST-ZIP	SAN JOSE, CA 95113

**DO NOT WRITE  
IN THIS SPACE**

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 #