

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90136 001 *1,100.00

DOCUMENT # F95000005547

1. Entity Name

CALLON PETROLEUM COMPANY

Principal Place of Business

Mailing Address

200 N. CANAL ST.
 NATCHEZ MS 39120

200 N. CANAL ST.
 NATCHEZ MS 39120-3212

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

64-0844345

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLON, JOHN S	NAME	
STREET ADDRESS	200 N. CANAL ST.	STREET ADDRESS	
CITY-ST-ZIP	NATCHEZ MS 39120	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLON, FRED L	NAME	
STREET ADDRESS	200 N. CANAL ST.	STREET ADDRESS	
CITY-ST-ZIP	NATCHEZ MS 39120	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIAN, DENNIS W	NAME	
STREET ADDRESS	200 N. CANAL ST.	STREET ADDRESS	
CITY-ST-ZIP	NATCHEZ MS 39120	CITY-ST-ZIP	
TITLE	VS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TATUM, H M JR	NAME	Secretary
STREET ADDRESS	200 N. CANAL ST.	STREET ADDRESS	Robert A. Mayfield
CITY-ST-ZIP	NATCHEZ MS 39120	CITY-ST-ZIP	200 North Canal St.
TITLE	VTCO <input type="checkbox"/> Delete	TITLE	Natchez, MS 39120
NAME	WEATHERLY, JOHN S	NAME	
STREET ADDRESS	200 N. CANAL ST.	STREET ADDRESS	
CITY-ST-ZIP	NATCHEZ MS 39120	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANGER, ROBERT A	NAME	
STREET ADDRESS	1129 BROAD ST.	STREET ADDRESS	
CITY-ST-ZIP	SHREWSBURY NJ 07702	CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert A. Mayfield
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/00 (601) 442-1601
 Date Daytime Phone #

CR2E034 (9/99)