

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005547

1. Entity Name
CALLON PETROLEUM COMPANY

FILED

01 MAY -4 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
200 N. CANAL ST.
NATCHEZ MS 39120

Mailing Address
200 N. CANAL ST.
NATCHEZ MS 39120



DO NOT WRITE IN THIS SPACE

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)

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

TITLE Delete
NAME **DC**
STREET ADDRESS **CALLON, JOHN S**
CITY-ST-ZIP **200 N. CANAL ST. NATCHEZ MS 39120**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **PD**
STREET ADDRESS **CALLON, FRED L**
CITY-ST-ZIP **200 N. CANAL ST. NATCHEZ MS 39120**

TITLE Change Addition
NAME
STREET ADDRESS **100004194631--9**
CITY-ST-ZIP **-05/11/01--01006--005**

TITLE Delete
NAME **VD**
STREET ADDRESS **CHRISTIAN, DENNIS W**
CITY-ST-ZIP **200 N. CANAL ST. NATCHEZ MS 39120**

TITLE Change Addition
NAME
STREET ADDRESS **100004194631--9**
CITY-ST-ZIP **-05/11/01--01006--005**

TITLE Delete
NAME **S**
STREET ADDRESS **MAYFIELD, ROBERT A**
CITY-ST-ZIP **200 N CANAL ST NATCHEZ MS 39120**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VTCO**
STREET ADDRESS **WEATHERLY, JOHN S**
CITY-ST-ZIP **200 N. CANAL ST. NATCHEZ MS 39120**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
STREET ADDRESS **STANGER, ROBERT A**
CITY-ST-ZIP **1129 BROAD ST. SHREWSBURY NJ 07702**

TITLE Change Addition
NAME **Treasurer**
STREET ADDRESS **Rodger W. Smith**
CITY-ST-ZIP **200 N. Canal St. Natchez, MS 39120**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

5/3/01 (601) 442-1601

Date

Daytime Phone #