FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 09, 2005 8:00 am Secretary of State

05-09-2005 90287 030 ***550.00

DOCUMENT	#	F95000005547
----------	---	--------------

1. Enlity Name

NAME

MAME

NAME

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

D

CITY-ST-ZIP

CHY-ST-ZIP

CALLON PETROLEUM COMPANY



DO NOT WRITE IN THIS SPACE 14017421 2. Principal Place of Business 3. Mailing Address 200 N. CANAL ST. P.O. BOX 1287 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State NATCHEZ, MS City & State 4. FEI Number Applied For 64-0844345 NATCHEZ, MS Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 39120 39121 USA USA 7. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1200 SOUTH PINE ISLAND ROAD City PLANTATION 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 January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 THE CR2E034B (12/02) PD NAME NAME FRED L. CALLON STREET ADDRESS STREET ADDRESS 200 N. CANAL ST; NATCHEZ, MS 39120 CITY-ST-ZIP CHY-ST-ZIP TITLE THE VΡ NAME NAME JOHN S. WEATHERLY STREET ADDRESS STREET ADDRESS 200 N. CANAL ST; NATCHEZ, MS 39120 CITY-ST-ZIP CITY-ST-ZIP TITLE SEC NAME NAME ROBERT A. MAYFIELD STREET ADDRESS STREET ADDRESS DO NOT WRITE 200 N. CANAL ST; NATCHEZ, MS 39120 CHY-SI-ZIP CITY-ST-ZIP TITLE

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 Statules. 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 on an attachment with an address, with all other like empowered.

TITLE

NAME

NAME

STREET ADDRESS

STREET AUDRESS

STREET ADDRESS

CHTY-ST-7F

CiTY-ST-ZIP Title

CITY-ST-ZIP TITLE

SIGNATURE: £	Colut 1	9.70	layfee	el	ROBERT
,	SIGNATU	RE AND TY	PED OR PRINT	TED NAME OF	SIGNING OFFICER OR DIRECTOR

B.F. WEATHERLY

STEPHEN F. WOODCOCK

THOMAS E. SCHWAGER

200 N. CANAL ST; NATCHEZ, MS 39120

200 N. CANAL ST; NATCHEZ, MS 39120

200 N. CANAL ST; NATCHEZ, MS 39120

ROBERT A. MAYFIELD

05/02/05

IN THIS SPACE

601-442-1601

Dayime Phone #