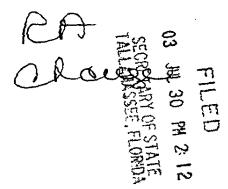
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(Requestor's Name)				
(Address)				
(Address)				
(Business Entity Name)				
(Document Number)				
]				

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DIVISION OF CULL CICATION

108 7/30/03



ACCOUNT NO. : 072100000032

REFERENCE: 180857

4379392

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : July 24, 2003

ORDER TIME : 10:37 AM

ORDER NO. : 180857-015

CUSTOMER NO: 4379392

CUSTOMER: Manuel Mangrobang

Calpine Corporation

6th Floor

50 West San Fernando San Jose, CA 95113

CHANGE OF AGENT

NAME: CALPINE AUBURNDALE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to th	he provisions of sections 607.0502	2, 617.0502, 607.1508, or 617.1508,	Florida Statutes,
this statement	of change is submitted for a corpor	ration organized under the laws of the	State of
Delaware	in order to change its reg	istered office or registered agent, or	both, in the State
of Florida.			
•	f the corporation: CALPINE AUBURNI	DALE, INC.	
2. The principa	al office address:		
		ando Street, San Jose, CA 95113	
			
3. The maning	; address (if different):		
4. Date of inco	orporation/qualification: 05/19/19	Document number: F97	000002649
	nd street address of the current regi artment of State:	istered agent and registered office on f	ile with the
			75 S
	NRAI Services, Inc.		
	526 East Park Avenue		
	Tallahassee, FL 32301		
6. The name a changed):	and street address of the new regi	istered agent (if changed) and /or reg	pister office (if
0 ,	Corporation Service Company		_ Bri 70
	1201 Hays Street (P.O. Box or personal)	l mailbox NOT acceptable)	-
	Tallahassee, FL 32301	 	_
The street add	ress of its registered office and the ged will be identical.	e street address of the business office	of its registered
Such change wanthorized by	V 12 //	adopted by its board of directors or be been notified in writing of the change	y an officer so ·
Signature of an office	er, chairings or vice chairman of the board)	Blanca Lozada, Attorney in Fac (Printed or typed name and title)	ct
l further agrée performance o registered age	e to comply with the provisions of If my duties, and I am familiar wit nt. Or, if this document is being f	gent and agree to act in this capacity all statutes relative to the proper and h and accept the obligation of my po îled merely to reflect a change in the ation has been notified in writing of t	l complete sition as registered
Sylv	or Olyper	July 24, 2003	-
	(Signature of Registred Agent)	(Date)	
If signing on beha	•		
Sylvia Queppe	(Typed or Printed Name)	Asst. Vice President (Capacity)	

* * * FILING FEE: \$35.00 * * *