

# 2001 UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # **F99000005306**

1. Entity Name  
**Calpine CGPCCGP, Inc.**

**FILED**

**01 MAY -1 PM 1:47**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**c/o Calpine Corporation  
50 W. San Fernando Street  
San Jose, CA 95113**

Mailing Address  
**c/o Calpine Corporation  
50 W. San Fernando Street  
San Jose, CA 95113**

2. Principal Place of Business  
**50 W. San Fernando Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**c/o Calpine Corporation  
50 W. San Fernando Street**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**San Jose, CA**

Zip  
**95113**

Country  
**USA**

4. FEI Number  
**77-0520675**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NRAI Services, Inc.  
526 East Park Avenue  
Tallahassee, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

9. 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 **C. Baclet** **C. Baclet, Vice President** **5/1/01**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) 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, 2001 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

☐ Delete

**SEE ATTACHED LIST**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

**LS**

☐ Change ☐ Addition

**4000004195054--0**  
**-05/11/01--01019--017**  
**\*\*\*\*150.00 \*\*\*\*150.00**

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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: **Ann B. Curtis** **Ann B. Curtis, Executive Vice President** **4/ /2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

292

**Calpine CCFC GP, Inc.**  
50 West San Fernando Street  
San Jose, CA 95113  
(address is for all Officers and Directors)

**Officers:**

<b>Name</b>	<b>Title</b>
<b>Peter Cartwright</b>	<b>President, Chief Executive Officer, and Chairman of the Board</b>
<b>Ann B. Curtis</b>	<b>Executive Vice President and Secretary</b>
<b>Thomas R. Mason</b>	<b>Executive Vice President</b>
<b>Robert D. Kelly</b>	<b>Senior Vice President</b>
<b>Charles B. Clark, Jr.</b>	<b>Chief Financial Officer</b>
<b>Lisa M. Bodensteiner</b>	<b>Assistant Secretary</b>

**Directors:**

**Peter Cartwright**  
**Ann B. Curtis**