

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005306

1. Entity Name
CALPINE CCFC GP, INC.

Principal Place of Business
50 WEST SAN FERNANDO STREET
SAN JOSE CA 95113

Mailing Address
50 WEST SAN FERNANDO STREET
SAN JOSE CA 95113

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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, 2002 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCCD
CARTWRIGHT, PETER
50 WEST SAN FERNANDO STREET
SAN JOSE CA 95113 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVPS
CURTIS, ANN B
50 WEST SAN FERNANDO STREET
SAN JOSE CA 95113 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE CHAIR ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
MASON, THOMAS M
50 WEST SAN FERNANDO STREET
SAN JOSE CA 95113 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100005309531-0
-04/19/02--01067--015
2708.75 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
KELLY, ROBERT D
50 WEST SAN FERNANDO STREET
SAN JOSE CA 95113 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
CLARK, CHARLES B JR.
50 WEST SAN FERNANDO STREET
SAN JOSE CA 95113 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
BODENSTEINER, LISA M
50 WEST SAN FERNANDO STREET
SAN JOSE CA 95113 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Lisa M Bodensteiner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LISA M. BODENSTEINER 4/11/02 408-995-5115
Date Daytime Phone #

0616918 AT

CR2E034 (9/01)