

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number  
77-0520675

Applied For  
Not Applied

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

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1100000154549  
06/05/04-80001-017 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PCCD
NAME	CARTWRIGHT, PETER
STREET ADDRESS	50 WEST SAN FERNANDO STREET
CITY-ST-ZIP	SAN JOSE, CA 95113
TITLE	VC
NAME	CURTIS, ANN B
STREET ADDRESS	50 WEST SAN FERNANDO STREET
CITY-ST-ZIP	SAN JOSE, CA 95113
TITLE	EVP
NAME	MASON, THOMAS M
STREET ADDRESS	50 WEST SAN FERNANDO STREET
CITY-ST-ZIP	SAN JOSE, CA 95113
TITLE	SVP
NAME	KELLY, ROBERT D
STREET ADDRESS	50 WEST SAN FERNANDO STREET
CITY-ST-ZIP	SAN JOSE, CA 95113
TITLE	CFO
NAME	CLARK, CHARLES B JR.
STREET ADDRESS	50 WEST SAN FERNANDO STREET
CITY-ST-ZIP	SAN JOSE, CA 95113
TITLE	AS
NAME	BODENSTEINER, LISA M
STREET ADDRESS	50 WEST SAN FERNANDO STREET
CITY-ST-ZIP	SAN JOSE, CA 95113

**DO NOT WRITE  
IN THIS SPACE**

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 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 10 or Block 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

Gustavo Grunbaum, Assistant Secretary

4/22/2004