

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2007 8:00 am
Secretary of State

06-05-2007 90012 030 ***550.00

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**

40119821



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05032007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

77-0520675

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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. 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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCE
DAVIDO, SCOTT
C/O CALPINE CORP., 50 W. SANFERNANDO ST.
SAN JOSE, CA 95113** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Robert P. May
c/o Calpine Corporation
50 W. San Fernando St., San Jose, Ca 95113** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
CLARK, CHARLES B JR
C/O CALPINE CORP., 50 W. SANFERNANDO ST.
SAN JOSE, CA 95113** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President and Treasurer
Eric N. Pryor
c/o Calpine Corporation
50 W. San Fernando St., San Jose, Ca 95113** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
FISHMAN, ROBERT E
C/O CALPINE CORP., 50 W. SANFERNANDO ST.
SAN JOSE, CA 95113** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
MURRAY, NANCY
C/O CALPINE CORP., 50 W. SANFERNANDO ST.
SAN JOSE, CA 95113** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
JAAP, CHRISTOPHER
C/O CALPINE CORP., 50 W. SANFERNANDO ST.
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/07


Date

(408) 995-5115

Daytime Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 77-0520675	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PCE NAME DAVIDO, SCOTT STREET ADDRESS C/O CALPHINE CORP., 50 W. SANFERNANDO ST. CITY-ST-ZIP SAN JOSE, CA 95113	<input checked="" type="checkbox"/> Delete		TITLE President NAME Robert P. May STREET ADDRESS c/o Calpine Corporation CITY-ST-ZIP 50 W. San Fernando St., San Jose, Ca 95113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE CFO NAME CLARK, CHARLES B JR STREET ADDRESS C/O CALPHINE CORP., 50 W. SANFERNANDO ST. CITY-ST-ZIP SAN JOSE, CA 95113	<input type="checkbox"/> Delete		TITLE Vice President and Treasurer NAME Eric N. Pryor STREET ADDRESS c/o Calpine Corporation CITY-ST-ZIP 50 W. San Fernando St., San Jose, Ca 95113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME FISHMAN, ROBERT E STREET ADDRESS C/O CALPHINE CORP., 50 W. SANFERNANDO ST. CITY-ST-ZIP SAN JOSE, CA 95113	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AS NAME MURRAY, NANCY STREET ADDRESS C/O CALPHINE CORP., 50 W. SANFERNANDO ST. CITY-ST-ZIP SAN JOSE, CA 95113	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					