

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

①

DOCUMENT # **MA9000001794**

1. Entity Name

Power Systems M.F.G., LLC

01 APR 30 AM 11:36

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

City & State
San Jose, CA

4. FEI Number
05-0945128

Applied For
Not Applicable

Zip
95113

Country
USA

Zip
95113

Country
USA

5. Certificate of Status Desired ☐ **\$5.00** 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

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sole Member Calpine PSM Holdings, LLC c/o Calpine Corporation 50 W. San Fernando Street San Jose, CA 95113	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400004101774-6 -05/01/01--01045--027 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **PLEASE SEE THE ATTACHED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

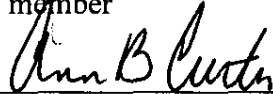
CR2E0R3 (1/100)

Power Systems M.F.G., LLC

By: Calpine PSM Holdings, LLC,
a Delaware domestic limited liability company,
its sole member

By: Calpine Eastern Corporation,
a Delaware domestic corporation,
its sole member

By:



Ann B. Curtis, Executive Vice President