

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

06 SEP 29 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001794

1. Entity Name  
POWER SYSTEMS MFG., LLC



Principal Place of Business

50 W. SAN FERNANDO ST.  
SAN JOSE, CA 95113

Mailing Address

MEM CALPINE CORPORATION  
50 W. SAN FERNANDO ST.  
SAN JOSE, CA 95113

700080313807



**DO NOT WRITE IN THIS SPACE**

09142006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
65-0945128

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

5. 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 Laura R. Dunlap  
Signature, typed or printed name of registered agent and title if applicable.

**Laura R. Dunlap**  
as its agent

9/29/06

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 15, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME CALPINE OPERATIONS MANAGEMENT CO,  
STREET ADDRESS 50 W. SAN FERNANDO ST.  
CITY-ST-ZIP SAN JOSE, CA 95113

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**REINSTATEMENT 2006**  
**DO NOT WRITE  
IN THIS SPACE**

11. 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 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 606, Florida Statutes.

SIGNATURE: James E. Magias  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE President

James E. Magias, Executive Vice

9/11/2006 (408)995-5115

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

M99000001794

ACCOUNT NO. : 072100000032

REFERENCE : 490058 4379392

AUTHORIZATION :

COST LIMIT :

*[Handwritten signature]*

06 SEP 29 AM 8:30  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : September 28, 2006

ORDER TIME : 10:53 PM

ORDER NO. : 490058-105

CUSTOMER NO: 4379392

*[Handwritten initials BK]*

REINSTATEMENT

NAME: POWER SYSTEMS MFG., LLC

RECEIVED  
06 SEP 29 PM 3:00  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS