



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 125483		2. Exact name of the Corporation Calpine Operations Management Company, Inc.			
3. Principal office address 717 Texas Ave, suite 1000			City Houston	State TX	Zip 77002
4. Business Phone No. (925)557-2266			5. State of Incorporation Delaware		
6. Brief description of the character of business conducted in Rhode Island Holding company for services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name Jack A. Fusco			Vice-President Name Todd Thornton		
Street Address 717 Texas Ave, suite 1000			Street Address 717 Texas Ave, suite 1000		
City Houston	State TX	Zip 77002	City Houston	State TX	Zip 77002
Secretary Name Scott L.B. McLaughlin			Treasurer Name Zamir Rauf		
Street Address 717 Texas Ave, suite 1000			Street Address 717 Texas Ave, suite 1000		
City Houston	State TX	Zip 77002	City Houston	State TX	Zip 77002
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name Jack A. Fusco			Director Name W. Thaddeus Miller		
Street Address 717 Texas Ave, suite 1000			Street Address 717 Texas Ave, suite 1000		
City Houston	State TX	Zip 77002	City Houston	State TX	Zip 77002
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	common	1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date
 Check No
 By
 FOR SECRETARY OF STATE USE ONLY

FILED

MAR 05 2012

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Scott L.B. McLaughlin

02/22/2012

Signature of Authorized Representative

Date

Scott L.B. McLaughlin

Print or Type Name of Authorized Representative

CA# 1000004318