FORM D \*

#### **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**TEMPORARY** FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D.

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OMB Number<br>Expires: | : 3235-0076<br>March 15, 2009 |
|------------------------|-------------------------------|
| Estimated aver         | rage burden                   |
| Hours per resp         |                               |

W. British Comp. DQ

| Name of Offering (  check if this is an amendment and name has changed, and indicate changes GSO Capital Opportunities Fund LP  | ge.)   |
|---|--|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section Type of Filing: New Filing Amendment  | ion 4(6) ULOE  |
| A. BASIC IDENTIFICATION DATA  |  |
| Enter the information requested about the issuer     Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)     GSO Capital Opportunities Fund LP  |  |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 280 Park Avenue, 11th Floor, New York, New York 10017   | Telephone Number (Including Area Code) (212) 503-2166  |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)   | Telephone Number (Including Area Code)   |
| Brief Description of Business To operate as a private investment partnership.   |  |
| Type of Business Organization  corporation  limited partnership, already formed  business trust  limited partnership, to be formed  | her (plea: 09037699  |
| Actual or Estimated Date of Incorporation or Organization:  Month Year  04 07  Jurisdiction of Incorporation or Organization (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction)   | ☑ Actual ☐ Estimated or State: <u>DE</u>   |
| GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 2 format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239. § 230.503T. | 239.500T) or an amendment to such a notice in paper also may file in paper format an initial notice using Form |

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

|             |   |                      | A. BASIC IDEN  | TIFICATION DATA                            |                     |                                 |
|-------------|---|----------------------|--|--|---------------------|---------------------------------|
| 2. E        | nter the information                      | n requested for th   | e following:   |  |                     |                                 |
| o           | Each promoter of                          | of the issuer, if th | e issuer has been organized                                | within the past five years;                |                     |                                 |
| o           | Each beneficial of the issuer;            | owner having the     | e power to vote or dispose,                                | or direct the vote or disposition          | of, 10% or more o   | f a class of equity securities  |
| О           | Each executive                            | officer and direct   | or of corporate issuers and                                | of corporate general and manag             | ing partners of par | tnership issuers; and           |
| o           | Each general an                           | d managing parti     | ner of partnership issuers.                                |  |                     |                                 |
| Check Box(  | es) that Apply:                           | Promoter             | ☐ Beneficial Owner   | Executive Officer                          | Director            | General Partner                 |
| G           | Last name first, if i SO Capital Oppo     | rtunities Assoc      |  |  |                     |                                 |
|             | Residence Address 80 Capital Partner      | ,                    | er and Street, City, State, Zip<br>Avenue, 11th Floor, New | o Code)<br>w York, New York 10017          |                     |                                 |
|             | es) that Apply:                           | Promoter             | Beneficial Owner   | Executive Officer                          | ☐ Director          | Managing Member                 |
| `           | Last name first, if i<br>SO Holdings I L. | ,                    |  |  |                     |                                 |
|             | Residence Address                         | •                    | er and Street, City, State, Zig                            | •  |                     |                                 |
|             | es) that Apply:                           | Promoter             | Beneficial Owner   | w York, New York 10017 ☐ Executive Officer | ☐ Director          | Managing Member                 |
| Full Name ( | Last name first, if i                     | ndividual)           |  |  |                     | ·····                           |
| Business or | Residence Address                         | s (Numbe             | er and Street, City, State, Zip                            | Code)                                      |                     |                                 |
| Check Box(  | es) that Apply:                           | Promoter             | ☐ Beneficial Owner   | Executive Officer                          | Director            | ☐ Managing Member               |
| Full Name ( | Last name first, if i                     | ndividual)           |  |  |                     | <del></del>                     |
| Business or | Residence Address                         | (Numbe               | r and Street, City, State, Zip                             | Code)                                      |                     |                                 |
| Check Box(  | es) that Apply:                           | Promoter             | ☐ Beneficial Owner   | ☐ Executive Officer                        | Director            | General and/or Managing Partner |
| Full Name ( | Last name first, if i                     | ndividual)           |  |  |                     | <del> </del>                    |
| Business or | Residence Address                         | (Numbe               | r and Street, City, State, Zip                             | Code)                                      |                     |                                 |
| Check Box(  | es) that Apply:                           | Promoter             | ☐ Beneficial Owner   | Executive Officer                          | ☐ Director          | General and/or Managing Partner |
| Full Name ( | Last name first, if i                     | ndividual)           |  |  |                     |                                 |
| Business or | Residence Address                         | (Numbe               | r and Street, City, State, Zip                             | Code)                                      |                     |                                 |
| Check Box(  | es) that Apply:                           | Promoter             | Beneficial Owner   | Executive Officer                          | Director            | General and/or Managing Partner |
| Full Name ( | Last name first, if in                    | ndividual)           |  |  |                     | ·                               |
| Business or | Residence Address                         | (Numbe               | r and Street, City, State, Zip                             | Code)                                      | , <del>.</del>      |                                 |
|             |   |                      |  |  |                     |                                 |

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|                      | <u></u>  |   |  |  | В.  | INFORMA   | TION AB   | OUT OFFE                     | ERING  | · · ·                        | <del></del>                                       |                                      |                                |
|----------------------|--|---|--|--|---|---|---|------------------------------|--|------------------------------|---|--------------------------------------|--------------------------------|
| 1.<br>2.<br>3.<br>4. | What is  *S  Does th  Enter th  remune agent o | Answer also the mining Subject to the offering the information for a broker | o in Appen<br>num investi<br>he discretion<br>permit join<br>tion reques<br>solicitation<br>or dealer re | dix, Columment that we can of the Gont ownershited for each of purchase gistered with the column and the column | on 2, if filing vill be accepted a sing pof a sing the person was sers in contith the SEC | il, to non-ac<br>g under UL<br>pted from a<br>ner to accepte unit<br>ho has beer<br>nection with<br>a broker or | OE.  ny individu  ot lesser am  or will be a sales of se h a state or | paid or givecurities in      | en, directly                                 | or indirect                  | Ye<br>Ye<br>y y y y y y y y y y y y y y y y y y y | s No mmission of ted is an as:       | sociated person of an five (5) |
| Full Nar             |  |   | t, if individ  |  | ons or such   | a DIOKEI OI   | dealer, you   | u may set n                  | ordir dic iiii                               | Jillation 10                 | i illat blok                                      | ci di dealei                         | omy.                           |
| Name of              | 345 P<br>f Associ<br>Park I                    | ark Avenu<br>ated Broke<br>Hill Group                                       | e, 15th Floor<br>or Oealer<br>LLC  | or, New Yo   | ork, New Y  | State, Zip C<br>ork 10154   |   |                              |  |                              |   |                                      |                                |
| [                    | Check "A<br>[AL]<br>[IL]<br>[MT]<br>[RI]       | All States" [AK] [IN] [NE] [SC]   | or check in<br>[AZ]<br>[IA]<br>[NV]<br>[SD]  | dividual St<br>[AR]<br>[KS]<br>[NH]<br>[TN]  | ates) [CA] [KY] [NJ] [TX]   | [CO]<br>[LA]<br>[NM]<br>[UT]  | [CT]<br>[ME]<br>[NY]<br>[VT]  | [DE]<br>[MD]<br>[NC]<br>[VA] | [DC]<br>[MA]<br>[ND]<br>[WA]                 | [FL]<br>[MI]<br>[OH]<br>[WV] | [GA]<br>[MN]<br>[OK]<br>[WI]                      | ⊠ AI<br>[HI]<br>[MS]<br>[OR]<br>[WY] | l States [ID] [MO] [PA] [PR]   |
| Full Nar             | ne (Last                                       | name first  | t, if individ  | ual)   |   | ····  |   |                              |  |                              | -   |                                      |                                |
| Business             | s or Res                                       | idence Ado  | dress (Num   | ber and Str  | eet, City, S  | State, Zip C  | ode)  |                              | <u>.                                    </u> |                              |   |                                      |                                |
| Name of              | Associ   | ated Broke  | r or Dealer  | <u>.</u>   |   |   |   |                              |  |                              | <del></del>                                       |                                      |                                |
|                      |  |   |  | licited or Ir<br>dividual St   |   | olicit Purch  | asers   |                              |  |                              |   | ☐ Al                                 | l States                       |
| [                    | AL]<br>IL]<br>MT]<br>RI]                       | [AK]<br>[IN]<br>[NE]<br>[SC]  | [AZ]<br>[IA]<br>[NV]<br>[SD]   | [AR]<br>[KS]<br>[NH]<br>[TN]   | [CA]<br>[KY]<br>[NJ]<br>[TX]  | [CO]<br>[LA]<br>[NM]<br>[UT]  | [CT]<br>[ME]<br>[NY]<br>[VT]  | [DE]<br>[MD]<br>[NC]<br>[VA] | [DC]<br>[MA]<br>[ND]<br>[WA]                 | [FL]<br>[MI]<br>[OH]<br>[WV] | [GA]<br>[MN]<br>[OK]<br>[WI]                      | [HI]<br>[MS]<br>[OR]<br>[WY]         | [ID]<br>[MO]<br>[PA]<br>[PR]   |
| Full Nan             | ne (Last                                       | name first  | , if individ   | ual)   | -   | -   |   | <u> </u>                     |  |                              |   |                                      |                                |
| Business             | or Res   | idence Ado  | iress (Num   | ber and Str  | eet, City, S  | State, Zip C  | ode)  |                              | <del> </del>                                 |                              |   |                                      |                                |
| Name of              | Associ   | ated Broke  | r or Dealer  |  |   |   |   |                              |  |                              |   |                                      |                                |
|                      |  |   |  | licited or Individual Sta  |   | olicit Purch  | asers   |                              |  |                              |   | ☐ All                                | States                         |
| ]                    | AL]<br>IL]<br>MT]                              | [AK]<br>[IN]<br>[NE]  | [AZ]<br>[IA]<br>[NV]   | [AR]<br>[KS]<br>[NH]   | [CA]<br>[KY]<br>[NJ]  | [CO]<br>[LA]<br>[NM]  | [CT]<br>[ME]<br>[NY]  | [DE]<br>[MD]<br>[NC]         | [DC]<br>[MA]<br>[ND]                         | [FL]<br>[MI]<br>[OH]         | [GA]<br>[MN]<br>[OK]                              | [HI]<br>[MS]<br>[OR]                 | [ID]<br>[MO]<br>[PA]           |

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| C. OFFERING PRICE, NUMBER | R OF INVESTORS, EXPENSES AND U | SE OF PROCEEDS |
|---------------------------|--------------------------------|----------------|
|                           |                                |                |

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already so "none" or "zero". If the transaction is an exchange offering, check this box [ ] and indicate in the col the securities offered for exchange and already exchanged.  |                                |           |                           |
|----|---|--------------------------------|-----------|---------------------------|
|    | Type of Security  | Aggregate<br>Offering<br>Price |           | Amount<br>Already<br>Sold |
|    | Debt  |                                | \$        |                           |
|    | Equity  |                                | \$        |                           |
|    | [ ] Common [ ] Preferred  |                                | _         |                           |
|    | Convertible Securities (including warrants)   | \$                             | \$        | }                         |
|    | Partnership Interests   |                                | _         | 1,474,225,001             |
|    | Other (Specify )  |                                | <u> </u>  |                           |
|    | Total   |                                | -         | 1,474,225,001             |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  | \$2,000,000,000                | 7         | 1,474,223,001             |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offe amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have puraggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."   |                                | nd t      |                           |
|    |   | Number<br>Investors            |           | Amount of<br>Purchases    |
|    | Accredited Investors  | 79                             | _\$       | 1,474,225,001             |
|    | Non-accredited Investors  |                                | <u>\$</u> |                           |
|    | Total (for filing under Rule 504 only)  |                                | \$        |                           |
| 3. | Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offer type listed in Part C - Question 1.   | ring. Classify secur           |           |                           |
|    | Type of Offering  | Type of Security               |           | Dollar<br>Amount Sold     |
|    | Rule 505  | 2004111,                       |           | \$                        |
|    | Regulation A  |                                |           | \$                        |
|    | Rule 504  |                                | _         | \$                        |
|    | Total   |                                | _         | \$                        |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities amounts relating solely to organization expenses of the issuer. The information may be given as subject the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate and check the box to the left of the estimate. | t to future contingen          |           | le                        |
|    | Transfer Agent's Fees   | [                              | ]         | \$0                       |
|    | Printing and Engraving Costs  | [ x                            | [ ]       | <u>\$*</u>                |
|    | Legal Fees  | [ X                            | : ]       | \$*                       |
|    | Accounting Fees   | [ X                            | . ]       | \$*                       |
|    | Engineering Fees.   | [                              | ]         | \$0                       |
|    | Sales Commissions (specify finders' fees separately)  | [                              | ]         | \$0                       |
|    | Other Expenses (identify)   | [ X                            | . ]       | <u>\$</u> *               |
|    | Total   | [ X                            | 1         | \$5,400,000*              |
|    | *All offering and organizational expenses are estimated not to exceed \$5,400,000.  | ·                              | •         |                           |

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b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total

| 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. |   |               |       |        |  |            |              |                           |  |  |  |
|--|---|---------------|-------|--------|--|------------|--------------|---------------------------|--|--|--|
|  |   |               |       |        | Payments to<br>Officers,<br>Directors, &<br>Affiliates |            |              | Payments to<br>Others     |  |  |  |
| Salaries an  | d fees  |               | [     | ]      | \$   | [          | ]            | \$                        |  |  |  |
| Purchase of  | of real estate  |               | [     | ]      | \$   | [          | ]            | \$                        |  |  |  |
| Purchase,  | rental or leasing and installation of machinery and equi  | pment         | [     | ]      | \$   | [          | ]            | \$                        |  |  |  |
| Constructi   | on or leasing of plant buildings and facilities   | •••••         | [     | ]      | \$   | [          | ]            | \$                        |  |  |  |
| involved in  | n of other businesses (including the value of securities a this offering that may be used in exchange for the assort another issuer pursuant to a merger) |               | [     | Į      | \$   | [          | J            | \$                        |  |  |  |
| Repaymen   | t of indebtedness   |               | [     | }      | \$   | [          | ]            | \$                        |  |  |  |
| Working c  | apital  |               | [     | ]      | \$   | [          | ]            | \$                        |  |  |  |
| Other (spec  | cify): Investment Capital   |               | Ţ     | ]      | \$   | [          | X ]          | \$1,946,000,000           |  |  |  |
|  | otalsnents Listed (column totals added)   |               | Į     | ]      | \$ [X] \$  | [<br>§1,94 | X ]<br>6,000 | \$1,946,000,000<br>,000   |  |  |  |
|  | D. FED  | ERAL SIGN     |       | URE    |  |            |              |                           |  |  |  |
| The issuer has d   | uly caused this notice to be signed by the undersigned  |               |       |        | n If this notice is                                    | filed      | unde         | r Rule 505, the following |  |  |  |
| signature consti   | tutes an undertaking by the issuer to furnish to the U.S. nished by the issuer to any non-accredited investor purs  | Securities a  | nd E  | Excha  | nge Commission,  |            |              |                           |  |  |  |
|  | Type)   | Signature     |       |        |  |            | D            | Date 2 / 10 / 10          |  |  |  |
| ssuer (Print or  | N A SECTION   |               | 4     |        | 2  |            |              | 3/12/09                   |  |  |  |
|  | Opportunities Fund LP   |               |       |        |  |            |              | , ,                       |  |  |  |
| GSO Capital C  |   | Γitle of Sign | er (P | rint o | r Type)  |            |              |                           |  |  |  |
| Issuer (Print or GSO Capital Control of Signer George Fan  | (Print or Type)   | -             |       |        |  | rfner      | ·s I.P       | its Investment Manag      |  |  |  |
| GSO Capital C  | (Print or Type)   | -             |       |        |  | rtner      | s LP         | , its Investment Manag    |  |  |  |
| GSO Capital C  | (Print or Type)   | -             |       |        |  | rtner      | s LP         | , its Investment Manage   |  |  |  |

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

| E. STATE SIGNATURE  |    |  |  |  |  |  |  |
|---|----|--|--|--|--|--|--|
| Yes N  1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?  | 70 |  |  |  |  |  |  |
| See Appendix, Column 5, for state response. Not applicable  |    |  |  |  |  |  |  |
| <ol> <li>The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. Not applicable</li> </ol>   |    |  |  |  |  |  |  |
| 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. <b>Not applicable</b>  |    |  |  |  |  |  |  |
| 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. Not applicable |    |  |  |  |  |  |  |
| The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.   |    |  |  |  |  |  |  |
| Issuer (Print or Type)  Signature  Date   | b, |  |  |  |  |  |  |
| GSO Capital Opportunities Fund LP   |    |  |  |  |  |  |  |
| Name of Signer (Print or Type)  Title of Signer (Print or Type)   |    |  |  |  |  |  |  |
| George Fan Chief Legal Officer of GSO Capital Partners LP, its Investment Manage  | er |  |  |  |  |  |  |

# Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# **APPENDIX**

| GSO CAPITAL | <b>OPPORTUNITIES FUND</b> | LP |
|-------------|---------------------------|----|
|             |                           |    |

|       |                                       |                                 |  | TAD OTTO                             | RIUNITIES                          | CIID DI   |           |                   |   |
|-------|---------------------------------------|---------------------------------|--|--------------------------------------|------------------------------------|---|-----------|-------------------|---|
| 1     | Intend to non-accoinvest Sta (Part B- | o sell to<br>credited<br>ors in | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of i                            | 4  nvestor and amour  (Part C-Iter | 5 Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |           |                   |   |
| State | Yes                                   | No                              | Limited Partnership Interests \$2,000,000,000                                  | Number of<br>Accredited<br>Investors | dited Accredited                   |   | Yes       | No                |   |
| AK    |                                       | 110                             |  |                                      |                                    |   | 111104111 |                   |   |
| AL    |                                       |                                 |  |                                      |                                    |   |           |                   |   |
| AR    |                                       |                                 |  |                                      |                                    |   |           |                   |   |
| AZ    |                                       |                                 |  |                                      |                                    |   |           |                   |   |
| CA    |                                       | Х                               | Х  | 3                                    | \$200,630,000                      | 0   | 0         |                   |   |
| СО    |                                       | Х                               | Х  | 1                                    | \$5,000,000                        | 0   | 0         |                   | - |
| CT    |                                       | X                               | X  | 7                                    | \$24,523,375                       | 0   | 0         |                   |   |
| DC    |                                       |                                 |  |                                      |                                    |   |           |                   |   |
| DE    |                                       |                                 |  |                                      |                                    |   |           |                   |   |
| FL    |                                       | X                               | X  | 1                                    | \$200,000,000                      | 0   | 0         |                   |   |
| GA    |                                       |                                 |  |                                      |                                    |   |           |                   |   |
| HI    |                                       |                                 |  |                                      |                                    |   |           |                   |   |
| IA    |                                       | X                               | X  | 1                                    | \$50,000,000                       | 0   | 0         |                   |   |
| ID    |                                       |                                 |  |                                      |                                    |   |           |                   |   |
| IL_   |                                       | X                               | X  | 1                                    | \$1,000,000                        | 0   | 0         |                   |   |
| IN    |                                       |                                 |  |                                      |                                    |   |           |                   |   |
| KS    |                                       |                                 |  | <u> </u>                             |                                    |   |           |                   |   |
| KY    |                                       |                                 |  |                                      |                                    |   |           |                   |   |
| LA    |                                       |                                 |  |                                      |                                    |   |           |                   |   |
| MA    |                                       |                                 |  |                                      |                                    |   |           |                   |   |
| MD    |                                       |                                 |  |                                      |                                    |   |           | · <del></del> ··· |   |
| ME    |                                       |                                 |  |                                      |                                    |   |           |                   |   |
| MI    |                                       |                                 |  |                                      |                                    |   |           |                   |   |
| MN    |                                       |                                 |  |                                      |                                    |   |           |                   |   |
| МО    |                                       | X                               | X  | 11                                   | \$15,000,000                       | 0   | 0         |                   |   |
| MS    |                                       |                                 |  |                                      |                                    |   |           |                   |   |
| MT    |                                       |                                 |  |                                      |                                    |   |           |                   |   |
| NC    |                                       | X                               | X  | 2                                    | \$138,652,282                      | 0   | 0         |                   |   |

### **APPENDIX**

## GSO CAPITAL OPPORTUNITIES FUND LP

|       |           |           |   | TAL OPPO                             | RTUNITIES I       | FUND LP  | <del></del>                                    |     |    |  |  |  |
|-------|-----------|-----------|---|--------------------------------------|-------------------|--|--|-----|----|--|--|--|
| 1     | Intend to | o sell to | Type of security                              |                                      | 4                 | Not Applicable Disqualification under State ULOE |  |     |    |  |  |  |
|       | non-acc   |           | and aggregate offering price                  |                                      |                   |  | (if yes, attach explanation of waiver granted) |     |    |  |  |  |
|       | Sta       |           | offered in state                              | Type of in                           | nvestor and amour | State  |  |     |    |  |  |  |
|       | (Part B-  | Item 1)   | (Part C-Item 1)                               |                                      | (Part C-Item 2)   |  |  |     |    |  |  |  |
| State | Yes       | No        | Limited Partnership Interests \$2,000,000,000 | Number of<br>Accredited<br>Investors | Amount            | Number of<br>Non-<br>Accredited<br>Investors     | Amount   | Yes | No |  |  |  |
| ND    |           |           |   |                                      |                   |  |  |     | L  |  |  |  |
| NE    |           |           |   |                                      |                   |  |  |     |    |  |  |  |
| NH    |           |           |   |                                      |                   |  |  |     |    |  |  |  |
| NJ    |           | X         | X   | 6                                    | \$113,700,000     | 0  | 0  |     |    |  |  |  |
| NM    |           |           |   |                                      |                   |  |  |     |    |  |  |  |
| NV    |           |           |   |                                      |                   |  |  |     |    |  |  |  |
| NY    |           | X         | X   | 41                                   | \$556,849,344     | 0  | 0  |     |    |  |  |  |
| ОН    |           |           |   |                                      |                   |  |  |     |    |  |  |  |
| OK    |           |           |   |                                      |                   |  |  |     |    |  |  |  |
| OR    |           | X         | X   | 1                                    | \$100,000,000     | 0  | 0  |     |    |  |  |  |
| PA    |           | X         | X   | 2                                    | \$2,100,000       | 0  | 0  |     |    |  |  |  |
| PR    |           |           |   |                                      |                   |  |  |     |    |  |  |  |
| RI    |           |           |   |                                      | <u>-</u>          |  |  |     |    |  |  |  |
| SC    |           |           |   | · <b>_</b>                           |                   |  |  |     |    |  |  |  |
| SD    |           |           |   |                                      |                   |  |  |     |    |  |  |  |
| TN    |           |           |   |                                      | ·                 |  |  |     |    |  |  |  |
| TX    |           | X         | X   | 7                                    | \$26,300,000      | 0  | 0  |     |    |  |  |  |
| UT    |           |           |   |                                      |                   |  |  |     |    |  |  |  |
| VA    |           |           |   |                                      |                   |  |  |     |    |  |  |  |
| VI    |           |           |   |                                      |                   |  |  |     |    |  |  |  |
| VT    |           |           |   |                                      |                   |  |  |     |    |  |  |  |
| WA    |           | Х         | X   | 1                                    | \$500,000         | 0  | 0  |     |    |  |  |  |
| WI    |           | X         | X   | 4                                    | \$40,000,000      | 0  | 0  |     |    |  |  |  |
| WV    |           |           |   |                                      |                   |  |  |     |    |  |  |  |
| WY    |           |           |   |                                      |                   |  |  |     |    |  |  |  |