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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY Account Number : 120000000195

Phone : (850)521-1000 Fax Number : (850)558-1515

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REGISTERED AGENT CHANGE SCANA ENERGY MARKETING, INC.

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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi or to change its registered office or registe	zed under the laws of the State of South	a Carolina	
1. The name of (the corporation: SCANA ENERGY	MARKETING, INC.		
• •		and the second s		
	a Parkway, Cayce,SC 29033			
3. The mailing a 220 Oper	address (if different): ration Way, D133, Cayce, SC 2	9033		
4. Date of incorp	poration/qualification: 12/15/1993	Document number: F9300005	672	
	d street address of the current registered agreement of State:	gent and registered office on file with the		
	C T Corporation System			
	1200 South Pine Island		型公 3	
	Plantation, FL 33324		SEP	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Corporation Service Company		17 S	
	1201 Hays Street		36 ATE	
	(P.O. Box NOT acceptable)		%	
	Tallahassee, FL 32301			
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its regis	stered agent,	
Such change was	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an office tified in writing of the change.	er so	
- Do	tre of an officer of director	Blanca Lozada, Attorney in F	act	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the oblining filed merely to reflect a change in the seen notified in writing of this change. It is service Company		performance nt. Or, if this firm that the	
By:	Carro Company	September 2, 2010		
Si	gnature of Refritered Agent)	(Date)		
- -	chalf of an entity:			
	Opet, Asst. VP Typed or Printed Name)			

* * * FILING FEE: \$35.00 * * *