## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT \* **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

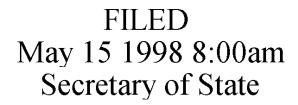
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

F97000006526 (4)

DUKE ENERGY POWER SERVICES MULBERRY GP, INC.





Principal Place of Business Mailing Address				- 1 TOURISE ATTR 18111 TRUIT BUTTE BUTTE BETTE BUTTE BU	
POST OFFICE BOX 1244 POST OFFICE BOX 1244 CHARLOTTE NC 28201-1244 CHARLOTTE NC 28201-12				DO NOT WEITE IN THIS COLOR	
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		,	12/10/1997 4. FEI Number   Applied For	
<del></del>	··			7.455.00.0	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			APPLIED FOR 56 - 206 00/2 Not Applicable \$8.75 Additional	
22	<del> </del> 1	27		5. Certificate of Status Desired Fee Regulred	
City & State City & State		<del>, , , , , , , , , , , , , , , , , , , </del>		6. Election Campaign Financing \$5.00 May Be	
23	28			Trust Fund Contribution Added to Fees	
<b>Zip</b> Country	Zip	Country		This corporation owes or has paid the current year Intangible	
24 25	29	30		Personal Property Tax due June 30.	
9. Name and Address of Current	Registered Agent		T	10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM			Name	vame (	
1200 SOUTH PINE ISLAND ROAD		82	82 Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324					
		83			
		84	City	85 Zip Code	
44 Burelingt to the provisions of Sections 507.05.02	and 607 1109 Florida Pt	atutes the shoul	o nomed core	FL 3 24 Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE			···		
Signature, typed or protect name of registered agent and title if applicable (NOTE:  12. OF FIGERS AND DIRECTORS			Registered Agent signature required when relinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE CEOP	DELETE	1.1 TITLE	Pr	esident CRO Chairman of V Change Addition	
NAME ROSPUT, PAULA G	<b>L</b> . 74111	1.2 NAME	Pos	esident, CEO, Chairman of Change Addition	
STREET ADDRESS 5400 WESTHEIMER COURT		1.3 STREET		00 Westhlemer Court	
CITY-ST-ZIP HOUSTON TX 77056-5310		1.4 City-5	771	uston, TX 77056-5310	
TITLE DV	DELETE	2.1 TITLE		O. Treasurer & Secretary Change Addition	
NAME SIGMON, WILLIAM L JR		2.2 NAME	3	ith G. Butler	
STREET ADDRESS POST OFFICE BOX 1007 (WC18A) (N/A)		2.3 STREET		O S. Tryon Street	
CITY-ST-ZIP CHARLOTTE NC 28201-1007		2.4 CITY-	AT 310	arlotte, NG 28202	
TITLE CFOT	DELETE	3 1 TITLE		ce President Change Addition	
NAME MOFFETT, JANELLE F		3.2 NAME	l l	lliam L. Sigmon	
STREET ADDRESS POST OFFICE BOX 1007 (WC	18A) (N/A)	3.3 STREET	ADDDCCC I	O S. Tryon Street	
CITY-ST-ZIP CHARLOTTE NC 28201-1007		3.4. CITY -		0-1-4+NO-00000	
TITLE C	☐ DELETE	4.1 TITLE	1	sistant Controller Addition	
NAME SUTTON, MICHAEL		4. 2 NAME		nger Missert	
STREET ADDRESS POST OFFICE BOX 1007 (WC	18A) (N/A)	4.3 STREET	AUDITESS A.O.	O S. Tryon St., Chalrotte, NC 28202	
CITY-ST-ZIP CHARLOTTE NC 28201-1007	T cere-	4.4 CITY-S	11.51		
TITLE AC	☐ DELETE	5.1 TITLE			
NAME MISSERT, GINGER S	ADAL ALIAL	5.2 NAME		chael A. Sutton	
STREET ADDRESS POST OFFICE BOX 1007 (WC	15A) (N/A)	5.3 STREET		O S. Tryon Street	
CHARLOTTE NC 28201-1007	DECETE	5.4 CITY - 9		arlotte, NC 28202	
TITLE	DECETE	6.1 TITLE			
NAME OVOTEV ADDRESS		6.2 NAME		ry D. Flynn	
STREET ADDRESS CITY-ST-ZIP		6.3 STREET	AUUHESS   4U(	D S. Tryon Street	
		6.4 CITY - S		arlotte, NC 28202	

indicated on this annual report or supplemental annual upport is true and accurate and that my signature shell have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or twistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change 0, or or any analysis and address.