

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 17, 2001 08:00 AM****Secretary of State****DOCUMENT # F98000000715**1. Entity Name
PIEDMONT ENERGY COMPANY

Principal Place of Business 1915 REXFORD RD CHARLOTTE NC 28211	Mailing Address 1915 REXFORD RD CHARLOTTE NC 28211
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
56-1866106Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD****PLANTATION FL
33324 US**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE _____ **01/17/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	ASAT	<input type="checkbox"/> Delete
NAME	COBLE TED C	
STREET ADDRESS	1915 REXFORD RD	
CITY-ST-ZIP	CHARLOTTE NC 28211	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	S	<input type="checkbox"/> Delete
NAME	RUEGSEGGER MARTIN C	
STREET ADDRESS	1915 REXFORD RD	
CITY-ST-ZIP	CHARLOTTE NC 28211	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHIEFER WARE F	
STREET ADDRESS	1915 REXFORD RD	
CITY-ST-ZIP	CHARLOTTE NC 28211	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKAINS THOMAS E	
STREET ADDRESS	1915 REXFORD RD	
CITY-ST-ZIP	CHARLOTTE NC 28211	

TITLE	PD	<input type="checkbox"/> Delete
NAME	MAXHEIM JOHN H	
STREET ADDRESS	1915 REXFORD RD	
CITY-ST-ZIP	CHARLOTTE NC 28211	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIEFER WARE F	
STREET ADDRESS	1915 REXFORD RD	
CITY-ST-ZIP	CHARLOTTE NC 28211	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN C. RUEGSEGGER**SEC 01/17/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)