

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90149 024 \*\*\*550.00

**DOCUMENT # F99000005722**

1. Entity Name

**DUKE PROJECT SERVICES, INC.**

Principal Place of Business

422 SOUTH CHURCH STREET. PB05E  
 CHARLOTTE NC 28202-1904

Mailing Address

422 SOUTH CHURCH STREET. PB05E  
 CHARLOTTE NC 28202-1904

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

**56-0858436**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. 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 **V** ☐ Delete  
 NAME **HALL, ROBERT E**  
 STREET ADDRESS **422 SOUTH CHURCH STREET**  
 CITY-ST-ZIP **CHARLOTTE NC 28242-0001**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **PRIORY, RICHARD B**  
 STREET ADDRESS **526 SOUTH CHURCH STREET**  
 CITY-ST-ZIP **CHARLOTTE NC 28201**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD** ☐ Delete  
 NAME **RAY, CLARENCE L JR**  
 STREET ADDRESS **2300 YORKMONT ROAD**  
 CITY-ST-ZIP **CHARLOTTE NC 28217**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SAT** ☐ Delete  
 NAME **TREPEL, JEFFREY M**  
 STREET ADDRESS **422 SOUTH CHURCH STREET**  
 CITY-ST-ZIP **CHARLOTTE NC 28201**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TAS** ☐ Delete  
 NAME **HALL, RANCE W**  
 STREET ADDRESS **2300 YORKMONT ROAD**  
 CITY-ST-ZIP **CHARLOTTE NC 28217**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **COLEY, WILLIAM A**  
 STREET ADDRESS **526 SOUTH CHURCH STREET**  
 CITY-ST-ZIP **CHARLOTTE NC 28201**

TITLE **D** ☒ Change ☐ Addition  
 NAME **RADEWER, HARVEY J.**  
 STREET ADDRESS **5400 WESTHEIMER COURT**  
 CITY-ST-ZIP **HOUSTON, TX 77056-5310**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.02(1), 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:**

*Jeffrey M. Trepel*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/2000  
 Date

704-382-8131  
 Daytime Phone #

CR2E034 (5/00)



Attachment  
F 99000005722  
DU085427  
Duke Energy Corporation  
422 South Church Street  
P.O. Box 1244  
Charlotte, NC 28201-1244

Viva Nordman  
Administrative Associate-Law Department  
Mail Code: PB05E  
Phone (704) 382-5844  
Fax (704) 382-8137  
vvnordman@duke-energy.com

September 7, 2000

Department of State of Florida  
Annual Reports Filings Fee  
Division of Corporations  
Post Office Box 1500  
Tallahassee, FL 32302-1500

Re: Duke Project Services, Inc.

Dear Sir or Madam:

Enclosed are an original and one copy of Duke Project Services, Inc.'s 2000 Annual Report document number F99000005722, and the filing fee in the amount of \$550.00. Please return the copy of the Report to me in the enclosed self-addressed, stamped envelope as confirmation of the filing.

Thank you for your assistance in this matter. If you have any questions, you may call me at (704) 382-5844.

Very truly yours,

Viva Nordman

enclosures