

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000008704

Entity Name: TEP OPCO, LLC**Current Principal Place of Business:**326 TRYON ROAD
RALEIGH, NC 27603**Current Mailing Address:**326 TRYON ROAD
RALEIGH, NC 27603 US**FEI Number:** 47-2402399**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCORPORATING SERVICES, LTD.
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301 US*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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT AND ASSISTANT
SECRETARY
Name MARTIN, WILLIAM H.
Address 326 TRYON ROAD
City-State-Zip: RALEIGH NC 27603

Title EXECUTIVE VICE PRESIDENT, CHIEF
ENGINEERING OFFICER
Name HALDANE, ANDREW T.
Address 326 TRYON ROAD
City-State-Zip: RALEIGH NC 27603

Title VP
Name SNYDER, DARREN M.
Address 326 TRYON ROAD
City-State-Zip: RALEIGH NC 27603

Title VP
Name YOKUBISON, RONALD
Address 326 TRYON ROAD
City-State-Zip: RALEIGH NC 27603

Title VP
Name DANIELS, C. BRYAN
Address 326 TRYON ROAD
City-State-Zip: RALEIGH NC 27603

Title EXECUTIVE VICE PRESIDENT
Name ANDRES, GRAHAM M.
Address 326 TRYON ROAD
City-State-Zip: RALEIGH NC 27603

Title VP
Name SMITH, BILLY
Address 326 TRYON ROAD
City-State-Zip: RALEIGH NC 27603

Title CFO, SECRETARY, TREASURER
Name COLLINSON, DWIGHT J.
Address 326 TRYON ROAD
City-State-Zip: RALEIGH NC 27603

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM H. MARTIN

PRESIDENT

03/02/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date