2020 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

FILED Jan 14, 2020

Secretary of State

1135024891CC

Authorized Person(s) Detail:

Title PRESIDENT AND ASSISTANT

SECRETARY

Name MARTIN, WILLIAM H. 326 TRYON ROAD Address

City-State-Zip: RALEIGH NC 27603

Title CEO

HALDANE, ANDREW T. Name 326 TRYON ROAD Address

City-State-Zip: RALEIGH NC 27603

VΡ Title

Name SNYDER, DARREN M. Address 326 TRYON ROAD RALEIGH NC 27603

City-State-Zip:

Title VΡ

Name YOKUBISON, RONALD 326 TRYON ROAD Address

City-State-Zip: RALEIGH NC 27603 Title

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

EXECUTIVE VICE PRESIDENT Title Name ANDRES, GRAHAM M.

Address 326 TRYON ROAD RALEIGH NC 27603 City-State-Zip:

VΡ Title

Name SMITH, BILLY Address 326 TRYON ROAD

City-State-Zip: RALEIGH NC 27603

Title CFO, SECRETARY, TREASURER

Name COLLINSON, DWIGHT J.

326 TRYON ROAD Address 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

01/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date