

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500000592

**Entity Name:** DUKE ENERGY CAROLINAS, LLC

**Current Principal Place of Business:**

526 S CHURCH ST  
CHARLOTTE, NC 28202

**Current Mailing Address:**

526 S CHURCH ST  
CHARLOTTE, NC 28202 US

**FEI Number:** 56-0205520

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**FILED**  
**Mar 31, 2023**  
**Secretary of State**  
**8424851624CC**

*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            DIR  
Name            GOOD, LYNN J.  
Address        526 S CHURCH ST  
City-State-Zip: CHARLOTTE NC 28202

Title            DIR  
Name            JAMIL, DHIAA M.  
Address        526 S CHURCH ST  
City-State-Zip: CHARLOTTE NC 28202

Title            DIR  
Name            JANSON, JULIA S.  
Address        526 S CHURCH ST  
City-State-Zip: CHARLOTTE NC 28202

Title            SENIOR VICE PRESIDENT,  
INTEGRATED PLANNING, CAROLINAS  
Name            CURRENS, WILLIAM E. JR.  
Address        526 S CHURCH ST  
City-State-Zip: CHARLOTTE NC 28202

Title            EVP AND CHIEF HUMAN RESOURCES  
OFFICER  
Name            REISING, RONALD R.  
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Title            SENIOR VICE PRESIDENT AND CHIEF  
DISTRIBUTION OFFICER  
Name            BATSON, SCOTT L.  
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Title            VP, ACCOUNTING  
Name            DOSS, DAVID L. JR.  
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Title            VP, GLOBAL RISK MANAGMENT AND  
INSURANCE AND CHIEF RISK  
OFFICER  
Name            AITTOLA, KATHRYN B.  
Address        525 S TRYON ST  
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**Continues on page 2**

*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:** CASSANDRA M. SPRINGER

**ASSISTANT SECRETARY    03/31/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

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Title ASST. SECRETARY

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