

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500000592

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

**Current Principal Place of Business:**

526 S CHURCH ST, EC03T  
CHARLOTTE, NC 28202

**Current Mailing Address:**

550 S TRYON ST, DEC45A  
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

*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        550 S TRYON ST  
City-State-Zip: CHARLOTTE NC 28202

Title            DIR  
Name            JAMIL, DHIAA M.  
Address        550 S TRYON ST  
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Title            DIR  
Name            YATES, LLOYD M  
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Title            VP, CAROLINAS WEST  
Name            ALLEN, JASON M.  
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Title            VP, DELIVERY OPERATIONS  
                  SUPPORT  
Name            ANDERS, CAREN B.  
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Title            SVP, CHIEF HUMAN RESOURCES  
                  OFFICER  
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Title            VP, TRANSMISSION ENGINEERING  
Name            BAGLEY, RICHARD W.  
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Title            VP, HEALTH & SAFETY  
Name            BARAJAS, CAROL Y.  
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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:** NANCY M. WRIGHT

**ASSISTANT SECRETARY    03/07/2016**

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

\_\_\_\_\_  
Date

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

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