

2020 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F15000001143

Entity Name: DUKE ENERGY ONE, INC.**Current Principal Place of Business:**139 EAST FOURTH STREET
CINCINNATI, OH 45202**Current Mailing Address:**550 SOUTH TRYON ST
DEC/45A
CHARLOTTE, NC 28202**FEI Number:** 31-1751104**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**Officer/Director Detail :**

Title	SECRETARY
Name	WRIGHT, NANCY M
Address	550 SOUTH TRYON ST DEC/45A
City-State-Zip:	CHARLOTTE NC 28202
Title	DIRECTOR
Name	JOHNS, MELISA B.
Address	400 SOUTH TRYON ST
City-State-Zip:	CHARLOTTE NC 28202
Title	TREASURER
Name	HENDERSHOTT, MICHAEL S.
Address	550 SOUTH TRYON ST DEC/45A
City-State-Zip:	CHARLOTTE NC 28202
Title	DIRECTOR
Name	FALLON, CHRISTOPHER M.
Address	550 SOUTH CALDWELL STREET
City-State-Zip:	CHARLOTTE NC 28202

Title	DIRECTOR
Name	LUHRS, MICHAEL
Address	400 SOUTH TRYON ST
City-State-Zip:	CHARLOTTE NC 28202
Title	VP
Name	GILLMAN, CHRISTOPHER
Address	400 SOUTH TRYON ST
City-State-Zip:	CHARLOTTE NC 28202
Title	PRESIDENT
Name	LUHRS, MICHAEL
Address	400 SOUTH TRYON STREET
City-State-Zip:	CHARLOTTE NC 28202
Title	VP, TAX
Name	MONROE III, T. COOPER
Address	550 S. TRYON STREET
City-State-Zip:	CHARLOTTE NC 28202

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: NANCY M. WRIGHT**SECRETARY****12/10/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date