## 2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005672

Entity Name: SCANA ENERGY MARKETING, INC.

**Current Principal Place of Business:** 

220 OPERATIONS WAY

D133

CAYCE, SC 29033

**Current Mailing Address:** 

220 OPERATIONS WAY

D133

CAYCE, SC 29033 US

FEI Number: 57-0850977 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET 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:

City-State-Zip:

Title

Address

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Apr 29, 2016

**Secretary of State** 

CC5157452139

Officer/Director Detail:

PRESIDENT, COO, CFO Title Title VΡ

ADDISON, JIMMY E EDWARDS, ROBERT G Name Name Address 220 OPERATION WAY, D304 Address 220 OPERATIONS WAY

D133

City-State-Zip: CAYCE SC 29033 CAYCE SC 29033 City-State-Zip:

T/RMO

Title S Title CONTROLLER CHAMPION, GINA S

Name SWAN IV, JAMES E Name Address 220 OPERATIONS WAY

220 OPERATIONS WAY Address D133

D133

CAYCE SC 29033 City-State-Zip: CAYCE SC 29033

Title DIRECTOR CANNON, MARK R Name

BENNETT, JAMES A. Name 220 OPERATIONS WAY Address

220 OPERATIONS WAY Address D133 D133

CAYCE SC 29033 City-State-Zip: City-State-Zip: CAYCE SC 29033

**DIRECTOR** Title

Title **CHAIRMAN & CHIEF EXECUTIVE** Name HAGOOD, D. MAYBANK **OFFICER** 

MARSH, KEVIN B. Name 220 OPERATIONS WAY

D133 Address 220 OPERATIONS WAY

CAYCE SC 29033 D133

CAYCE SC 29033 City-State-Zip:

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 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.

04/29/2016 SIGNATURE: GINA S. CHAMPION **SECRETARY** 

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name MICALI, JAMES M.

Address 220 OPERATIONS WAY

D133

City-State-Zip: CAYCE SC 29033

Title DIRECTOR

Name ROQUEMORE, JAMES W.

Address 220 OPERATIONS WAY

D133

City-State-Zip: CAYCE SC 29033

Title DIRECTOR

Name STOWE, HAROLD C.

Address 220 OPERATIONS WAY

D133

City-State-Zip: CAYCE SC 29033

Title DIRECTOR

Name MILLER, LYNNE M.

Address 220 OPERATIONS WAY

D133

City-State-Zip: CAYCE SC 29033

Title DIRECTOR

Name SLOAN, MACEO K.

Address 220 OPERATIONS WAY

D133

City-State-Zip: CAYCE SC 29033