

1.) CORPORATION NAME:

**Duke Energy Progress, Inc.**

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1368820**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000,000
PREFER	20,300,000
PREFA	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 410 S WILMINGTON STREET

CITY/ST/ZIP: RALEIGH, NC 27601

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	NANCY M. WRIGHT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	550 SOUTH TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		
NAME:	LLOYD M YATES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP Reg Util		
ADDRESS:	410 S WILMINGTON STREET		
CITY/ST/ZIP/CO:	RALEIGH, NC 27601		
NAME:	DHIAA M. JAMIL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	550 SOUTH TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		
NAME:	Jeffrey A Corbett	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	410 S Wilmington Street		
CITY/ST/ZIP/CO:	Raleigh, NC 27601		
NAME:	Stephen G De May	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	550 S Tryon Street		
CITY/ST/ZIP/CO:	Charlotte, NC 28202		
NAME:	David B Fountain	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	410 S Wilmington Street		
CITY/ST/ZIP/CO:	Raleigh, NC 27601		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lynn J Good CEO 550 S Tryon Street Charlotte, NC 28202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lynn J Good DIRECTOR 550 S Tryon Street Charlotte, NC 28202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lynn J Good EVP 550 S Tryon Street Charlotte, NC 28202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dhiala M Jamil EVP 550 S Tryon Street Charlotte, NC 28202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Julia S Janson DIRECTOR 550 S Tryon Street Charlotte, NC 28202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Julia S Janson EVP Chief Legal 550 S Tryon Street Charlotte, NC 28202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David S Maltz ASST SECRETARY 550 S Tryon Street Charlotte, NC 28202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A R Mullinax VICE PRESIDENT 550 S Tryon Street Charlotte, NC 28202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ronald R Reising VICE PRESIDENT 550 S Tryon Street Charlotte, NC 28202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James E Rogers DIRECTOR 550 S Tryon Street Charlotte, NC 28202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James Scarola DIRECTOR 410 S Wilmington Street Raleigh, NC 27601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: B Keith Trent TITLE: DIRECTOR ADDRESS: 550 S Tryon Street CITY/ST/ZIP/CO: Charlotte, NC 28202	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: B Keith Trent TITLE: EVP ADDRESS: 550 S Tryon Street CITY/ST/ZIP/CO: Charlotte, NC 28202	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Jennifer L Weber TITLE: EVP Chief HR Of ADDRESS: 550 S Tryon Street CITY/ST/ZIP/CO: Charlotte, NC 28202	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Lloyd M Yates TITLE: DIRECTOR ADDRESS: 550 S Tryon Street CITY/ST/ZIP/CO: Charlotte, NC 28202	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Steven K Young TITLE: VP & Controller ADDRESS: 550 S Tryon Street CITY/ST/ZIP/CO: Charlotte, NC 28202	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ NANCY M. WRIGHT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NANCY M. WRIGHT, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	7/29/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		