

SCC eFile

2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

216503382

1.) CORPORATION NAME:

Duke Energy Renewables, Inc.

DUE DATE: **1/31/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1811894**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 550 S. CALDWELL STREET
DEC/45A

CITY/ST/ZIP: CHARLOTTE, NC 28202

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.

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	GREGORY C WOLF				
TITLE:	PRESIDENT				
ADDRESS:	550 S. TRYON STREET				
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	KEITH GERARD BUTLER				
TITLE:	VP TAX				
ADDRESS:	550 S. TRYON STREET				
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	THOMAS C. MCNAY				
TITLE:	VICE PRESIDENT				
ADDRESS:	139 EAST FOURTH ST.				
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	KRIS C. DUFFY				
TITLE:	ASST TREASURER				
ADDRESS:	550 SOUTH TRYON ST. DEC/45A				
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	NANCY M. WRIGHT				
TITLE:	ASST SECRETARY				
ADDRESS:	550 S. TRYON STREET				
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	MARC E. MANLY				
TITLE:	DIRECTOR				
ADDRESS:	550 SOUTH TRYON ST. DEC/45A				
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202				

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.

<u>/s/ NANCY M. WRIGHT</u>	<u>NANCY M. WRIGHT, ASST</u>	<u>1/26/2016</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	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.