

DUKE ENERGY CORP  
Form 3/A  
March 14, 2005

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

<p>1. Name and Address of Reporting Person * ^ Trent Keith (Last) (First) (Middle)  526 SOUTH CHURCH STREET (Street)  CHARLOTTE, ^ NC ^ 282021802 (City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement (Month/Day/Year) 03/01/2005</p>	<p>3. Issuer Name <b>and</b> Ticker or Trading Symbol DUKE ENERGY CORP [DUK]</p>	<p>4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  ____ Director    ____ 10% Owner <input checked="" type="checkbox"/> Officer    ____ Other (give title below) (specify below) Acting GVP Gen Consl &amp; Secy</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year) 03/09/2005</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person ____ Form filed by More than One Reporting Person</p>
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**Table I - Non-Derivative Securities Beneficially Owned**

<p>1. Title of Security (Instr. 4)</p>	<p>2. Amount of Securities Beneficially Owned (Instr. 4)</p>	<p>3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</p>	<p>4. Nature of Indirect Beneficial Ownership (Instr. 5)</p>
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

<p>1. Title of Derivative Security (Instr. 4)</p>	<p>2. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable    Expiration Date</p>	<p>3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)  Title    Amount or Number of Shares</p>	<p>4. Conversion or Exercise Price of Derivative Security</p>	<p>5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)</p>	<p>6. Nature of Indirect Beneficial Ownership (Instr. 5)</p>
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LTIP Phantom Stock Grant Feb 2005      $\hat{A}$  <sup>(1)</sup>      $\hat{A}$  <sup>(2)</sup>     Common Stock     8,710 <sup>(3)</sup>     \$ <sup>(4)</sup>     D      $\hat{A}$

**Reporting Owners**

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Trent Keith 526 SOUTH CHURCH STREET CHARLOTTE, NC 282021802	$\hat{A}$	$\hat{A}$	$\hat{A}$ Acting GVP Gen Consl & Secy	$\hat{A}$

**Signatures**

By: Judy Z. Mayo, as Attorney-in-Fact for     03/14/2005  
\*\*Signature of Reporting Person     Date

**Explanation of Responses:**

- \* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).  
 One fifth will vest on each of the first five anniversaries of the grant date provided the recipient continues to be employed by the registrant or employment terminates on account of retirement. Proration and immediate vesting apply if the recipient's employment
  - (1) terminates as a result of death, disability, or by the registrant without cause or as a result of a divestiture. Vesting upon separation from service will occur if the executive's employment is terminated by Duke Energy without cause within two years following a "change in control" (as defined in the Duke Energy 1998 Long-Term Incentive Plan).
  - (2) Expiration date not applicable
  - (3) The reporting person is amending the Form 3 originally filed to report this grant, for the purpose of reflecting the correct number of units granted.
  - (4) Converts to Common Stock on a 1-for-1 basis.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.