

1.) CORPORATION NAME:

KINGSPORT POWER COMPANY

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **00156851**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 RIVERSIDE PLAZA

CITY/ST/ZIP: COLUMBUS, OH 43215

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.

<p>NAME: CHARLES R PATTON TITLE: PRESIDENT, COO ADDRESS: 4701 COX ROAD, SUITE 301 CITY/ST/ZIP/CO: GLEN ALLEN, VA 15685</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: NICHOLAS A AKINS TITLE: COB, CEO ADDRESS: 1 RIVERSIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: LISA M. BARTON TITLE: VICE PRESIDENT ADDRESS: 1 RIVERSIDE PLZ CITY/ST/ZIP/CO: COLUMBUS, OH 43215</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARK A PYLE TITLE: VICE PRESIDENT ADDRESS: 1 RIVERSIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DAVID M. FEINBERG TITLE: SECRETARY ADDRESS: 1 RIVERSIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CHARLES E ZEBULA TITLE: TREASURER ADDRESS: 1 RIVERSIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK C. MCCULLOUGH DIRECTOR 1 RIVERSIDE PLAZA COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT P. POWERS VICE PRESIDENT 1 RIVERSIDE PLAZA COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA D. RADOUS VICE PRESIDENT 1 RIVERSIDE PLAZA COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN X. TIERNEY VP, CFO 1 RIVERSIDE PLAZA COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS E. WELCH VICE PRESIDENT 1 RIVERSIDE PLAZA COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL HEYECK VICE PRESIDENT 1 RIVERSIDE PLAZA COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY K. LIGHT VICE PRESIDENT 155 W. NATIONWIDE BLVD COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT N. SMITH VICE PRESIDENT 700 MORRISON ROAD GAHANNA, OH 43230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH M. BUONAIUTO CONTROLLER, CAO 1 RIVERSIDE PLAZA COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW B. REIS ASST CONTROLLER 1 RIVERSIDE PLAZA COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIE WILLIAMS ASST CONTROLLER 1 RIVERSIDE PLAZA COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS G. BERKEMEYER ASST SECRETARY 1 RIVERSIDE PLAZA COLUMBUS, OH 43215	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY D. CROSS ASST SECRETARY 1 RIVERSIDE PLAZA COLUMBUS, OH 43215	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RENEE V. HAWKINS ASST TREASURER 1 RIVERSIDE PLAZA COLUMBUS, OH 43215	<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/ MARK A PYLE		MARK A PYLE, VICE PRESIDENT		4/26/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		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.					