

1.) CORPORATION NAME:

KINGSPORT POWER COMPANY

DUE DATE: **5/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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.

NAME:	CHARLES R PATTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT, COO		
ADDRESS:	4701 COX ROAD, SUITE 301		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 15685		
NAME:	LISA M. BARTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 RIVERSIDE PLZ		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	LANA L HILLEBRAND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	ROBERT P. POWERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	BRIAN X. TIERNEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP, CFO		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	DENNIS E. WELCH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		

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:	MARK A PYLE VICE PRESIDENT 1 RIVERSIDE PLAZA 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:	RENEE V. HAWKINS ASST TREASURER 1 RIVERSIDE PLAZA COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIA A SLOAT TREASURER 1 RIVERSIDE PLAZA COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICHOLAS A AKINS COB, CEO 1 RIVERSIDE PLAZA COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID M. FEINBERG SECRETARY 1 RIVERSIDE PLAZA COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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:	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:	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:	F SCOTT TRAVIS ASST CONTROLLER 1 RIVERSIDE PLAZA COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: JULIE WILLIAMS TITLE: ASST CONTROLLER ADDRESS: 1 RIVERSIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: MARK C. MCCULLOUGH TITLE: DIRECTOR ADDRESS: 1 RIVERSIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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	5/4/2015
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.