

1.) CORPORATION NAME:

PRINCE GEORGE ELECTRIC COOPERATIVE

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**HERBERT F. SCOTT, JR.
PO BOX 168
WAVERLY, VA 23890**

SCC ID NO: **00456384**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

SUSSEX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: POB 168

CITY/ST/ZIP: WAVERLY, VA 23890

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: PAUL H. BROWN TITLE: S/T ADDRESS: 1810 COGGINS POINT ROAD CITY/ST/ZIP/CO: HOPEWELL, VA 23860	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD B. SCOTT TITLE: AS/T ADDRESS: 1046 LAUREL DRIVE CITY/ST/ZIP/CO: WAVERLY, VA 23890	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GLENN F. CHAPPELL TITLE: CHAIRMAN ADDRESS: 17420 OLD STAGE RD CITY/ST/ZIP/CO: CARSON, VA 23830	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: H. F. SCOTT, JR. TITLE: VICE CHAIRMAN ADDRESS: 5714 COURTHOUSE ROAD CITY/ST/ZIP/CO: PRINCE GEORGE, VA 23875	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN M. BROCK, JR. TITLE: DIRECTOR ADDRESS: 1047 BACONS CASTLE TRAIL CITY/ST/ZIP/CO: SURRY, VA 23883	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER T. PARKER TITLE: DIRECTOR ADDRESS: P. O. BOX 910 CITY/ST/ZIP/CO: WAKEFIELD, VA 23888	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: HERBERT R. PATRICK TITLE: DIRECTOR ADDRESS: 3406 UNION BRANCH ROAD CITY/ST/ZIP/CO: PETERSBURG, VA 23805	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ALBERT W. THWEATT TITLE: DIRECTOR ADDRESS: P. O. BOX 144 CITY/ST/ZIP/CO: DISPUTANTA, VA 23842	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RANDOLPH G. WILLIAMS TITLE: DIRECTOR ADDRESS: 14597 CABIN POINT ROAD CITY/ST/ZIP/CO: CARSON, VA 23830	<input type="checkbox"/> OFFICER <input checked="" 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/ H. F. SCOTT, JR. SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	H. F. SCOTT, JR., VICE CHAIRMAN PRINTED NAME AND CORPORATE TITLE	10/17/2012 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.		