

1.) CORPORATION NAME:

**POTOMAC ELECTRIC POWER COMPANY**

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**SEAN F MURPHY**

**1750 TYSONS BLVD STE 1800**

**MCLEAN, VA 22102**

SCC ID NO: **00604355**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000,000
PREFER	6,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 701 NINTH ST NW

CITY/ST/ZIP: WASH, DC 20068-

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: DAVID M VELAZQUEZ  
TITLE: PRES/COO  
ADDRESS: 701 NINTH ST NW  
CITY/ST/ZIP/CO: WASHINGTON, DC 20068-

OFFICER

DIRECTOR

NAME: KIRK J EMGE  
TITLE: SR VP/GEN COUN  
ADDRESS: 701 NINTH ST NW  
CITY/ST/ZIP/CO: WASHINGTON, DC 20068-

OFFICER

DIRECTOR

NAME: WILLIAM M GAUSMAN  
TITLE: SR VP  
ADDRESS: 701 NINTH ST NW  
CITY/ST/ZIP/CO: WASHINGTON, DC 20068-

OFFICER

DIRECTOR

NAME: ANTHONY J KAMERICK  
TITLE: SR VP/CFO  
ADDRESS: 701 NINTH ST NW  
CITY/ST/ZIP/CO: WASHINGTON, DC 20068-

OFFICER

DIRECTOR

NAME: MICHAEL J SULLIVAN  
TITLE: SR VP  
ADDRESS: 701 NINTH ST NW  
CITY/ST/ZIP/CO: WASHINGTON, DC 20068-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD K CLARK VP/CONTROLLER 701 NINTH ST NW WASHINGTON, DC 20068-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS H GRAHAM VICE PRESIDENT 701 NINTH ST NW WASHINGTON, DC 20068-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL W MAXWELL VICE PRESIDENT 701 NINTH ST NW WASHINGTON, DC 20068-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN M MCGOWAN VP/TREAS 701 NINTH ST NW WASHINGTON, DC 20068-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J MACK WATHEN VICE PRESIDENT 701 NINTH ST NW WASHINGTON, DC 20068-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONNA J KINZEL ASST TREASURER 701 NINTH ST NW WASHINGTON, DC 20068-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH M RIGBY CHAIRMAN 701 NINTH ST NW WASHINGTON, DC 20068-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK J NISCO AST TREA/ASTSEC 701 NINTH ST NW WASHINGTON, DC 20068-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFERY E SNYDER AST TREA/ASTSEC 701 NINTH ST NW WASHINGTON, DC 20068-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES R DICKERSON DIRECTOR 701 NINTH ST NW WASHINGTON, DC 20068-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	JANE K STORERO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SEC/ASST TREAS		
ADDRESS:	701 NINTH ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20068-		

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/ JEFFERY E SNYDER</u>	<u>JEFFERY E SNYDER, AST</u>	<u>12/9/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>TREA/ASTSEC</u> 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.