

1.) CORPORATION NAME:

**FRANKLIN SERVICE CORPORATION**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
DONALD F MARKER  
4501 COX ROAD  
GLEN ALLEN, VA 23060**

SCC ID NO: **01294941**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 5310

CITY/ST/ZIP: GLEN ALLEN, VA 23058-

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: RICHARD T WHEELER JR  
TITLE: PRESIDENT  
ADDRESS: 4501 COX RD  
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-

OFFICER

DIRECTOR

NAME: STEVEN R. LOHR  
TITLE: VICE PRESIDENT  
ADDRESS: 4501 COX RD.  
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-

OFFICER

DIRECTOR

NAME: DONALD F MARKER  
TITLE: VP,CFO+SEC/TREA  
ADDRESS: 4501 COX RD  
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-

OFFICER

DIRECTOR

NAME: BARRY R. SHENTON  
TITLE: VICE PRESIDENT  
ADDRESS: 4501 COX RD.  
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-

OFFICER

DIRECTOR

NAME: ALICE W. STEWART  
TITLE: ASST SECRETARY  
ADDRESS: 4501 COX RD.  
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-

OFFICER

DIRECTOR

NAME: P. BARRETT WHEELER TITLE: ASST SECRETARY ADDRESS: 4501 COX RD. CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: HUGH T. HARRISON II TITLE: DIRECTOR ADDRESS: 4501 COX RD. CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: L GERALD ROACH TITLE: DIRECTOR ADDRESS: 4501 COX RD CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ELIZABETH W. ROBERTSON TITLE: DIRECTOR ADDRESS: 4501 COX RD. CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE L SCOTT TITLE: DIRECTOR ADDRESS: 4501 COX RD CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD W. WILTSHIRE, JR. TITLE: DIRECTOR ADDRESS: 4501 COX RD. CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PERCY WOOTTON TITLE: DIRECTOR ADDRESS: 4501 COX RD CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-	<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/ DONALD F MARKER _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DONALD F MARKER, VP,CFO+SEC/TREA _____ PRINTED NAME AND CORPORATE TITLE
11/3/2011 _____ 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.	