

1.) CORPORATION NAME:

The Potomac Edison Company

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **01530005**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	26,000,000
PREFER	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 800 CABIN HILL DRIVE

CITY/ST/ZIP: GREENSBURG, PA 15601

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 E JONES JR TITLE: PRESIDENT ADDRESS: 76 SOUTH MAIN ST CITY/ST/ZIP/CO: AKRON, OH 44308-1890</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: LEILA L VESPOLI TITLE: VICE PRESIDENT ADDRESS: 76 SOUTH MAIN ST CITY/ST/ZIP/CO: AKRON, OH 44308-1890</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: RHONDA S FERGUSON TITLE: VP/CORP SEC ADDRESS: 76 SOUTH MAIN ST CITY/ST/ZIP/CO: AKRON, OH 44308-1890</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JAMES F PEARSON TITLE: SR VP/CFO ADDRESS: 76 SOUTH MAIN STREET CITY/ST/ZIP/CO: AKRON, OH 44308-1890</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: STEVEN R STAUB TITLE: VP, TREASURER ADDRESS: 76 SOUTH MAIN STREET CITY/ST/ZIP/CO: AKRON, OH 44308-1890</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: EDWARD J UDOVICH TITLE: ASST SECRETARY ADDRESS: 76 SOUTH MAIN STREET CITY/ST/ZIP/CO: AKRON, OH 44308-1890</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY J ALEXANDER DIRECTOR 76 SOUTH MAIN ST AKRON, OH 44308-1890	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES G GARANICH VICE PRESIDENT 76 SOUTH MAIN STREET AKRON, OH 44308-1890	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT P REFFNER VP, GEN COUNSEL 76 SOUTH MAIN STREET AKRON, OH 44308-1890	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES A SEARS VICE PRESIDENT 800 CABIN HILL DRIVE GREENSBURG, PA 15601	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	K. JON TAYLOR VP, CONTROLLER 76 SOUTH MAIN STREET AKRON, OH 44308-1890	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL M DUNLAP ASST CORP SECY 800 CABIN HILL DRIVE GREENSBURG, PA 15601	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARLENE A BARWOOD ASST CONTROLLER 76 SOUTH MAIN STREET AKRON, OH 44308-1890	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JASON J LISOWSKI ASST CONTROLLER 76 SOUTH MAIN STREET AKRON, OH 44308-1890	<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/ ROBERT PREFFNER	ROBERT PREFFNER,	5/19/2014
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.