

1.) CORPORATION NAME:

**DOMINION ENERGY, INC.**

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **01612779**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 120 TREDEGAR ST

CITY/ST/ZIP: RICHMOND, VA 23261

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: DAVID A. CHRISTIAN TITLE: PRESIDENT ADDRESS: 120 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: DAVID A HEACOCK TITLE: P/CHF NUCLEAR O ADDRESS: 5000 DOMINION BLVD CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JAMES P. CARNEY TITLE: VP&amp; ASST. TREAS ADDRESS: 100 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JAMES E. ECK TITLE: VICE PRESIDENT ADDRESS: 120 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: PAMELA F. FAGGERT TITLE: VICE PRESIDENT ADDRESS: 5000 DOMINION BOULEVARD CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: EUGENE S GRECHECK TITLE: VICE PRESIDENT ADDRESS: INNSBROOK TECHNICAL CENTER CITY/ST/ZIP/CO: 5000 DOMINION BOULEVARD GLEN ALLEN, VA 23060</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID C HOLDEN VICE PRESIDENT 140 TREDEGAR STREET RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT B. MCKINLEY VICE PRESIDENT 5000 DOMINION BOULEVARD GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BECKY C MERRITT VICE PRESIDENT 100 TREDEGAR STREET RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARTER M REID SECRETARY 100 TREDEGAR STREET RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN D. SMATLAK VICE PRESIDENT 5000 DOMINION BOULEVARD GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHARON L BURR ASST CORP SEC 100 TREDEGAR STREET RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	G SCOTT HETZER SVP/TAX&TREAS 100 TREDEGAR ST RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. DAVID RIVES SVP 5000 DOMINION BOULEVARD GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL E RUPPERT SVP 120 TREDEGAR STREET RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL G. STODDARD SVP 1022 HALEY DRIVE MINERAL, VA 23117	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRED G. WOOD, III SVP 120 TREDEGAR STREET RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: THOMAS F FARRELL, II TITLE: CHRMN OF BOARD ADDRESS: 100 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK F. MCGETTRICK TITLE: DIRECTOR ADDRESS: 100 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS R BEAN TITLE: VICE PRESIDENT ADDRESS: 120 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219	<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/ SHARON L BURR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHARON L BURR, ASST CORP SEC PRINTED NAME AND CORPORATE TITLE	8/15/2013 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.		