

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213544508

1.) CORPORATION NAME:

MASSANUTTEN PUBLIC SERVICE CORPORATION

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **01614312**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2335 SANDERS ROAD

CITY/ST/ZIP: NORTHBROOK, IL 60062

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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LISA SPARROW		
TITLE:	PRESIDENT		
ADDRESS:	2335 SANDERS RD		
CITY/ST/ZIP/CO:	NORTHBROOK, IL 60062		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN STOVER		
TITLE:	VP/SEC		
ADDRESS:	2335 SANDERS RD		
CITY/ST/ZIP/CO:	NORTHBROOK, IL 60062		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CARL DANIEL		
TITLE:	VICE PRESIDENT		
ADDRESS:	2335 SANDERS RD		
CITY/ST/ZIP/CO:	NORTHBROOK, IL 60062		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOHN HOY		
TITLE:	VICE PRESIDENT		
ADDRESS:	2335 SANDERS ROAD		
CITY/ST/ZIP/CO:	NORTHBROOK, IL 60062		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAMES JAPCZYK		
TITLE:	TREASURER		
ADDRESS:	2335 SANDERS RD		
CITY/ST/ZIP/CO:	NORTHBROOK, IL 60062		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DON SUDDUTH		
TITLE:	VICE PRESIDENT		
ADDRESS:	2335 SANDERS ROAD		
CITY/ST/ZIP/CO:	NORTHBROOK, IL 60062		

NAME: STEVEN LUBERTOZZI TITLE: VICE PRESIDENT ADDRESS: 2335 SANDERS ROAD CITY/ST/ZIP/CO: NORTHBROOK, IL 60062	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
------------------------------------------------------------------------------------------------------------------------	---------------------------------------------	-----------------------------------

NAME: DEBRA PLUMB TITLE: ASST SECRETARY ADDRESS: 2335 SANDERS ROAD CITY/ST/ZIP/CO: NORTHBROOK, IL 60062	<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/ DEBRA PLUMB SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DEBRA PLUMB, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	9/24/2013 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.