

1.) CORPORATION NAME:

VIRGINIA POWER NUCLEAR SERVICES COMPANY

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **04786125**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 120 TREDEGAR STREET

CITY/ST/ZIP: RICHMOND, VA 23219

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 A HEACOCK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES & CNO		
ADDRESS:	5000 DOMINION BOULEVARD INNSBROOK TECHNICAL CENTER GLEN ALLEN, VA 23060		
CITY/ST/ZIP/CO:			
NAME:	JAMES P CARNEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & ASST TREAS		
ADDRESS:	100 TREDEGAR STREET RICHMOND, VA 23219		
CITY/ST/ZIP/CO:			
NAME:	LESLIE N HARTZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP-NUC SUPT SVC		
ADDRESS:	5000 DOMINION BOULEVARD INNSBROOK TECHNICAL CENTER GLEN ALLEN, VA 23060		
CITY/ST/ZIP/CO:			
NAME:	CARTER M. REID	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	100 TREDEGAR STREET RICHMOND, VA 23219		
CITY/ST/ZIP/CO:			
NAME:	SHARON L BURR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	100 TREDEGAR STREET RICHMOND, VA 23219		
CITY/ST/ZIP/CO:			
NAME:	G SCOTT HETZER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SRVP-TAX&TREAS		
ADDRESS:	100 TREDEGAR ST RICHMOND, VA 23219		
CITY/ST/ZIP/CO:			

NAME: DANIEL G STODDARD TITLE: SVP-NUCLEAR OPS ADDRESS: 1022 HALEY DRIVE CITY/ST/ZIP/CO: MINERAL, VA 23117	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: FRED G WOOD,III TITLE: SVP-FIN MGMT ADDRESS: 120 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DAVID A CHRISTIAN TITLE: DIRECTOR ADDRESS: 120 TREDEGAR ST CITY/ST/ZIP/CO: RICHMOND, VA 23219	<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/ SHARON L BURR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHARON L BURR, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/15/2013 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.		