

1.) CORPORATION NAME:

**VIRGINIA POWER NUCLEAR SERVICES COMPANY**

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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 R CHAPMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
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 & TREASURE		
ADDRESS:	100 TREDEGAR ST RICHMOND, VA 23219		
CITY/ST/ZIP/CO:			
NAME:	KAREN W DOGGETT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	100 TREDEGAR STREET RICHMOND, VA 23219		
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:	DANIEL G STODDARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP-NUCLEAR OPS		
ADDRESS:	5000 DOMINION BOULEVARD GLEN ALLEN, VA 23060		
CITY/ST/ZIP/CO:			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID A CHRISTIAN DIRECTOR 120 TREDEGAR ST RICHMOND, VA 23219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN A ROGERS SR.VP FIN. MGT. 100 TREDEGAR STREET RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CORYNNE ARNETT VP- FIN. MGT. 120 TREDEGAR STREET RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD J DUROCHER CONTROLLER 701 EAST CARY STREET 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/ KAREN W DOGGETT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KAREN W DOGGETT, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/10/2014 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.			