

1.) CORPORATION NAME:

Dominion Equipment II, Inc.

DUE DATE: **7/31/2011**

SCC ID NO: **05429949**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX ROAD SUITE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMM	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 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 CHRISTIAN
TITLE: PRESIDENT
ADDRESS: 120 TREDEGAR ST
CITY/ST/ZIP/CO: RICHMOND, VA 23219-

OFFICER

DIRECTOR

NAME: JAMES P CARNEY
TITLE: VP/ASST T
ADDRESS: 100 TREDGAR ST
CITY/ST/ZIP/CO: RICHMOND, VA 23219-

OFFICER

DIRECTOR

NAME: G SCOTT HETZER
TITLE: SVP TAX& TREASU
ADDRESS: 100 TREDEGAR ST
CITY/ST/ZIP/CO: RICHMOND, VA 23219-

OFFICER

DIRECTOR

NAME: DIANE LEOPOLD
TITLE: SVP
ADDRESS: INNSBROOK TECHNICAL CENTER
5000 DOMINION BOULEVARD
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-

OFFICER

DIRECTOR

NAME: J. DAVID RIVES
TITLE: SVP
ADDRESS: INNSBROOK TECHNICAL CENTER
5000 DOMINION BOULEVARD
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-

OFFICER

DIRECTOR

NAME: FRED G. WOOD, III TITLE: SVP - FIN. MGT. ADDRESS: 120 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: EDWARD H. BAINE TITLE: VICE PRESIDENT ADDRESS: 100 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: KATHERYN B. CURTIS TITLE: VICE PRESIDENT ADDRESS: INNSBROOK TECHNICAL CENTER 5000 DOMINION BOULEVARD CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: CARTER M REID TITLE: VP/GENCOUN/SEC ADDRESS: 100 TREDEGAR ST CITY/ST/ZIP/CO: RICHMOND, VA 23219-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOHN D. SMATLAK TITLE: VICE PRESIDENT ADDRESS: INNSBROOK TECHNICAL CENTER 5000 DOMINION BOULEVARD CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: E. J. MARKS, III TITLE: ASST CORP S ADDRESS: 100 TREDGAR ST 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.		
<u>/s/ E. J. MARKS, III</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>E. J. MARKS, III, ASST CORP S</u> PRINTED NAME AND CORPORATE TITLE	<u>7/8/2011</u> 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.		