

1.) CORPORATION NAME:

Dominion Greenbrier, Inc.

DUE DATE: **11/30/2011**

SCC ID NO: **05490875**

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD SUITE 301

GLEN ALLEN, VA 23060-6802

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 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: GARY L SYPOLT
TITLE: PRESIDENT
ADDRESS: 120 TREDEGAR ST
CITY/ST/ZIP/CO: RICHMOND, VA 23219-

OFFICER

DIRECTOR

NAME: PAUL E RUPPERT
TITLE: SR VP
ADDRESS: 120 TREDEGAR ST
CITY/ST/ZIP/CO: RICHMOND, VA 23219-

OFFICER

DIRECTOR

NAME: E J MARKS III
TITLE: ASST SECRETARY
ADDRESS: 100 TREDEGAR STREET
CITY/ST/ZIP/CO: RICHMOND, VA 23219-

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: EDWARD H BAINE
TITLE: VICE PRESIDENT
ADDRESS: 100 TREDEGAR STREET
CITY/ST/ZIP/CO: RICHMOND, VA 23219-

OFFICER

DIRECTOR

NAME: JEFFREY L BARGER TITLE: VICE PRESIDENT ADDRESS: 445 WEST MAIN STREET CITY/ST/ZIP/CO: CLARKSBURG, WV 26301-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JAMES P CARNEY TITLE: ASST TREASURER ADDRESS: 100 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: PAMELA F FAGGERT 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: SIMON C HODGES TITLE: VICE PRESIDENT ADDRESS: 120 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOHM M LOVE TITLE: VICE PRESIDENT ADDRESS: 445 WEST MAIN STREET CITY/ST/ZIP/CO: CLARKSBURG, WV 26301-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DONALD R RAIKES TITLE: VICE PRESIDENT ADDRESS: 701 EAST CARY STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CARTER M REID TITLE: VP/GENCOUNS/SEC ADDRESS: 100 TREDEGAR 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 SECRETARY</u> PRINTED NAME AND CORPORATE TITLE
<u>11/7/2011</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.	