

1.) CORPORATION NAME:

**DOMINION TRANSMISSION, INC.**

DUE DATE: **1/31/2012**

SCC ID NO: **F0532327**

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

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	75,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 445 WEST MAIN STREET

CITY/ST/ZIP: CLARKSBURG, WV 26301-

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 STREET  
CITY/ST/ZIP/CO: RICHMOND, VA 23219-

OFFICER

DIRECTOR

NAME: G SCOTT HETZER  
TITLE: SR VP/TAX/TREA  
ADDRESS: 100 TREDEGAR STREET  
3RD FLOOR  
CITY/ST/ZIP/CO: RICHMOND, VA 23219-

OFFICER

DIRECTOR

NAME: CARTER M REID  
TITLE: VP/GC/S  
ADDRESS: 100 TREDEGAR STREET  
CITY/ST/ZIP/CO: RICHMOND, VA 23219-

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: SHARON L BURR  
TITLE: ASST SECRETARY  
ADDRESS: 100 TREDEGAR STREET  
CITY/ST/ZIP/CO: RICHMOND, VA 23219-

OFFICER

DIRECTOR

NAME: JAMES CARNEY TITLE: VP/ASST TREAS ADDRESS: 100 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> 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: PAMELA F FAGGERT TITLE: VICE PRESIDENT ADDRESS: 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: JOHN 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: ASHWINI SAWHNEY TITLE: VICE PRESIDENT ADDRESS: 701 EAST CARY STREET, 17TH FLOOR CITY/ST/ZIP/CO: RICHMOND, VA 23219-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: BECKY C MERRITT TITLE: VICE PRESIDENT ADDRESS: 100 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219-	<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
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
1/13/2012 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.	