

1.) CORPORATION NAME:

DOMINION TRANSMISSION, INC.

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: **F0532327**

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:	PAUL D KOONCE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 TREDEGAR STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219		

NAME:	JEFFREY L BARGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	445 WEST MAIN STREET		
CITY/ST/ZIP/CO:	CLARKSBURG, WV 26301		

NAME:	JAMES R CHAPMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	100 TREDEGAR STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219		

NAME:	PAMELA F FAGGERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5000 DOMINION BOULEVARD		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		

NAME:	G SCOTT HETZER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP AND TREASUR		
ADDRESS:	100 TREDEGAR STREET		
CITY/ST/ZIP/CO:	3RD FLOOR RICHMOND, VA 23219		

NAME:	BECKY C MERRITT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	100 TREDEGAR STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD R RAIKES VICE PRESIDENT 701 EAST CARY STREET RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ASHWINI SAWHNEY VICE PRESIDENT 701 EAST CARY STREET, 17TH FLOOR RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN W DOGGETT ASST SECRETARY 100 TREDEGAR STREET RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANE LEOPOLD PRESIDENT 5000 DOMINION BOULEVARD GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARTER M REID SECRETARY 100 TREDEGAR STREET RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNE E BOMAR SVP - STRATEGY 1201 EAST 55TH STREET CLEVELAND, OH 44103	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRED G WOOD, III SVP - FIN. MGT. 120 TREDEGAR STREET RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL D FREDERICK VICE PRESIDENT 2100 COVE POINT ROAD LUSBY, MD 20657	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LESLIE N HARTZ VICE PRESIDENT 5000 DOMINION BOULEVARD GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN C SHEPPARD VICE PRESIDENT 445 WEST MAIN STREET CLARKSBURG, WV 26301	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELWOOD L TANNER CONTROLLER 120 TREDEGAR STREET RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: THOMAS J ALLEN TITLE: ASST SECRETARY ADDRESS: 445 WEST MAIN STREET CITY/ST/ZIP/CO: CLARKSBURG, WV 26301	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOHN L NEWMAN TITLE: ASST TREASURER ADDRESS: 100 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JACQUELINE A WILSON TITLE: ASST SECRETARY ADDRESS: 445 WEST MAIN STREET CITY/ST/ZIP/CO: CLARKSBURG, WV 26301	<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.		