

1.) CORPORATION NAME:

CONECTIV ENERGY SUPPLY, INC.

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1360900**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: MAILSTOP 92DC42
500 N WAKEFIELD DRIVE

CITY/ST/ZIP: NEWARK, DE 19702-5440

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:	Arturo F Agra	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	500 WAKEFIELD DRIVE		
CITY/ST/ZIP/CO:	NEWARK, DE 19702		
NAME:	RONALD K CLARK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CONT		
ADDRESS:	701 9TH STREET NW		
CITY/ST/ZIP/CO:	STE 5604 WASHINGTON, DC 20068		
NAME:	ANTHONY J KAMERICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	701 9TH STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20068		
NAME:	JEFFERY E. SNYDER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	500 N. Wakefield Dr		
CITY/ST/ZIP/CO:	Mailstop 92DC42 Newark, DE 19702		
NAME:	JANE K STORERO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	701 9TH STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20068		
NAME:	Charlene Anderson	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	500 N. Wakefield Dr,		
CITY/ST/ZIP/CO:	Mailstop 92DC42 Newark, DE 19702		

NAME: Joseph M Rigby TITLE: CHAIRMAN ADDRESS: 701 9th St N.W. CITY/ST/ZIP/CO: Washington, DC 20068	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Kirk J. Emge TITLE: DIRECTOR ADDRESS: 701 9th St N.W. CITY/ST/ZIP/CO: Washington, DC 20068	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ Charlene Anderson SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Charlene Anderson, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	11/28/2012 DATE
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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.