

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213557759

1.) CORPORATION NAME:

CONECTIV ENERGY SUPPLY, INC.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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.

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	ARTURO F AGRA				
TITLE:	PRESIDENT				
ADDRESS:	500 WAKEFIELD DRIVE				
CITY/ST/ZIP/CO:	NEWARK, DE 19702				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	RONALD K CLARK				
TITLE:	VP/CONT				
ADDRESS:	701 9TH STREET NW				
CITY/ST/ZIP/CO:	STE 5604 WASHINGTON, DC 20068				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	JEFFERY E. SNYDER				
TITLE:	ASST TREASURER				
ADDRESS:	500 N. WAKEFIELD DR				
CITY/ST/ZIP/CO:	MAILSTOP 92DC42 NEWARK, DE 19702				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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 type="checkbox"/>	DIRECTOR
NAME:	CHARLENE ANDERSON				
TITLE:	ASST SECRETARY				
ADDRESS:	500 N. WAKEFIELD DR,				
CITY/ST/ZIP/CO:	MAILSTOP 92DC42 NEWARK, DE 19702				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	JANE K STORERO				
TITLE:	SECRETARY				
ADDRESS:	701 9TH STREET NW				
CITY/ST/ZIP/CO:	WASHINGTON, DC 20068				

NAME: Kevin Fitzgerald TITLE: DIRECTOR ADDRESS: 701 Ninth St., NW CITY/ST/ZIP/CO: Washington, DC 20068	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: Fred Boyle TITLE: VICE PRESIDENT ADDRESS: 701 Ninth St., NW CITY/ST/ZIP/CO: Washington, DC 20068	<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/ CHARLENE ANDERSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLENE ANDERSON, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	11/27/2013 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.