

1.) CORPORATION NAME:

**DOMINION PRODUCTS AND SERVICES, INC.**

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**

DUE DATE: **2/29/2012**

SCC ID NO: **F1411943**

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: 120 TREDGAR ST

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: PAUL D KOONCE  
TITLE: PRESIDENT  
ADDRESS: 120 TREDEGAR ST  
CITY/ST/ZIP/CO: RICHMOND, VA 23219-

OFFICER

DIRECTOR

NAME: JAMES P CARNEY  
TITLE: VP/ASST T  
ADDRESS: 100 TREDEGAR STREET  
2ND FLOOR  
CITY/ST/ZIP/CO: RICHMOND, VA 23219-

OFFICER

DIRECTOR

NAME: JOSEPH G O'HARE  
TITLE: VP/FINANCIALMGT  
ADDRESS: 100 TREDEGAR STREET  
CITY/ST/ZIP/CO: RICHMOND, VA 23219-

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: SHARON L BURR TITLE: ASST SECRETARY ADDRESS: 100 TREDEGAR ST CITY/ST/ZIP/CO: RICHMOND, VA 23219-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: KATHERYN B CURTIS TITLE: VICE PRESIDENT ADDRESS: 5000 DOMINION BOULEVARD CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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
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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
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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/ SHARON L BURR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHARON L BURR, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	2/10/2012 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.