

1.) CORPORATION NAME:

DOMINION FIELD SERVICES, INC.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1514696**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 120 TREDEGAR 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:	CHARLES E ROBERTS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	140 TREDEGAR ST		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219		

NAME:	SIMON C HODGES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	120 TREDEGAR STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219		

NAME:	CARTER M REID	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/GENCOUNS/SEC		
ADDRESS:	100 TREDEGAR ST		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219		

NAME:	JOSEPH C VANZANT, JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2539 WASHINGTON ROAD		
CITY/ST/ZIP/CO:	ST. CLAIR, PA 15241		

NAME:	SHARON L BURR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	100 TREDEGAR ST		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219		

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

NAME: G SCOTT HETZER TITLE: SVP TAX & TREAS ADDRESS: 100 TREDEGAR ST 3RD FL CITY/ST/ZIP/CO: RICHMOND, VA 23219	<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: GARY L SYPOLT TITLE: DIRECTOR ADDRESS: 120 TREDEGAR ST CITY/ST/ZIP/CO: RICHMOND, VA 23219	<input type="checkbox"/> OFFICER <input checked="" 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	
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	6/13/2012 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.		