

1.) CORPORATION NAME:

DOMINION FIELD SERVICES, INC.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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.

<p>NAME: ROY S GRIER TITLE: PRESIDENT ADDRESS: 140 TREDEGAR ST CITY/ST/ZIP/CO: RICHMOND, VA 23219</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JOSEPH C. VANZANT, JR. TITLE: VICE PRESIDENT ADDRESS: 2539 WASHINGTON ROAD CITY/ST/ZIP/CO: ST. CLAIR, PA 15241</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: FRED G. WOOD, III TITLE: SVP ADDRESS: 120 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: BECKY C MERRITT TITLE: VICE PRESIDENT ADDRESS: 100 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: G SCOTT HETZER TITLE: SVP & TREASURER ADDRESS: 100 TREDEGAR ST CITY/ST/ZIP/CO: 3RD FL RICHMOND, VA 23219</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JOHN L NEWMAN TITLE: ASST TREASURER ADDRESS: 100 TREDEGAR STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: KAREN W DOGGETT TITLE: ASST SECRETARY ADDRESS: 100 TREDEGAR ST CITY/ST/ZIP/CO: RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: CARTER M REID TITLE: SECRETARY ADDRESS: 100 TREDEGAR ST CITY/ST/ZIP/CO: RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: PAUL D KOONCE TITLE: DIRECTOR ADDRESS: 120 TREDEGAR ST CITY/ST/ZIP/CO: RICHMOND, VA 23219	<input type="checkbox"/> OFFICER <input checked="" 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	6/23/2014 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.		