

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000002596

1. Corporation Name

VIRGINIA ELECTRIC AND POWER COMPANY

Principal Place of Business

P.O. BOX 26666  
RICHMOND VA 23261

Mailing Address

P.O. BOX 26666  
RICHMOND VA 23261

**FILED**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90013 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1996

4. FEI Number

54-0418825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 701 East Cary Street

26

Suite, Apt. #, etc.

27

22 City & State

23 Richmond, Virginia

28 City & State

29

24 Zip Country  
23219 USA

29 Zip Country  
30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | CD                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | ADAMS JR, JOHN B         |  |
| STREET ADDRESS | ONE BOWMAN DRIVE         |  |
| CITY-ST-ZIP    | FREDERICKSBURG VA        |  |
| TITLE          | P                        | <input type="checkbox"/> DELETE            |
| NAME           | ASKEW, NORMAN B. M.      |  |
| STREET ADDRESS | 701 EAST CARY STREET     |  |
| CITY-ST-ZIP    | RICHMOND VA 23219        |  |
| TITLE          | V                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | CAVINESS JR, T L         |  |
| STREET ADDRESS | 701 EAST CARY STREET     |  |
| CITY-ST-ZIP    | RICHMOND VA              |  |
| TITLE          | VTS                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | DAVIS JR, J K            |  |
| STREET ADDRESS | 701 EAST CARY STREET     |  |
| CITY-ST-ZIP    | RICHMOND VA              |  |
| TITLE          | D                        | <input type="checkbox"/> DELETE            |
| NAME           | BETTS, JAMES F           |  |
| STREET ADDRESS | 201 EAST FRANKLIN STREET |  |
| CITY-ST-ZIP    | RICHMOND VA              |  |
| TITLE          | D                        | <input type="checkbox"/> DELETE            |
| NAME           | LAMBERT III, BENJAMIN J  |  |
| STREET ADDRESS | 904 NORTH FIRST STREET   |  |
| CITY-ST-ZIP    | RICHMOND VA              |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                               |  |
|--------------------|-------------------------------|--|
| 1.1 TITLE          | D                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | John B Adams, Jr.             |  |
| 1.3 STREET ADDRESS | One Bowman Drive              |  |
| 1.4 CITY-ST-ZIP    | Fredericksburg, VA 22408-7318 |  |
| 2.1 TITLE          | C/D                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | Thomas E. Capps               |  |
| 2.3 STREET ADDRESS | 100 Tredegar St.              |  |
| 2.4 CITY-ST-ZIP    | Richmond, VA 23219            |  |
| 3.1 TITLE          | V                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Robert E. Rigsby              |  |
| 3.3 STREET ADDRESS | 701 East Cary Street          |  |
| 3.4 CITY-ST-ZIP    | Richmond, VA 23219            |  |
| 4.1 TITLE          | V/S                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | Thomas F. Farrell, II         |  |
| 4.3 STREET ADDRESS | 701 East Cary Street          |  |
| 4.4 CITY-ST-ZIP    | Richmond, VA 23219            |  |
| 5.1 TITLE          | V/T                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | John A. Shaw                  |  |
| 5.3 STREET ADDRESS | 701 East Cary Street          |  |
| 5.4 CITY-ST-ZIP    | Richmond, VA 23219            |  |
| 6.1 TITLE          | D                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | John B. Bernhardt             |  |
| 6.3 STREET ADDRESS | 8020 Quail Hollow             |  |
| 6.4 CITY-ST-ZIP    | Suffolk, VA 23433             |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Winfield E. Ryan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)