

1.) CORPORATION NAME:

WILSON TRUCKING CORPORATION

DUE DATE: **3/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
C L WILSON
137 WILSON BLVD
PO BOX 200**

SCC ID NO: **00426817**

FISHERSVILLE, VA 22939-200

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	675,000
COMB	75,000
PREFER	250

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

AUGUSTA COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 137 WILSON BLVD
P O BOX 200

CITY/ST/ZIP: FISHERSVILLE, VA 22939-0200

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: J M HERNDON
TITLE: EXEC VP/CFO
ADDRESS: 372 HICKORY HILL ROAD
CITY/ST/ZIP/CO: FISHERSVILLE, VA 22939-

OFFICER DIRECTOR

NAME: C E BALDWIN
TITLE: S/T
ADDRESS: 686 CHINQUAPIN DRIVE
CITY/ST/ZIP/CO: LYNDHURST, VA 22952-

OFFICER DIRECTOR

NAME: E H TALLEY
TITLE: DIRECTOR
ADDRESS: POB 776
CITY/ST/ZIP/CO: MONETA, VA 24121-

OFFICER DIRECTOR

NAME: CHARLES L WILSON
TITLE: CHAIRMAN
ADDRESS: PO BOX 501
CITY/ST/ZIP/CO: FISHERSVILLE, VA 22939-

OFFICER DIRECTOR

NAME: T GUY WILSON
TITLE: PRESIDENT
ADDRESS: 826 MT TORREY ROAD
CITY/ST/ZIP/CO: LYNDHURST, VA 22952-

OFFICER DIRECTOR

NAME: FRANK J BAILEY TITLE: VICE PRESIDENT ADDRESS: 137 WILSON BLVD P O BOX 200 CITY/ST/ZIP/CO: FISHERSVILLE, VA 22939-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: WILLIAM L MCGINLEY TITLE: VICE PRESIDENT ADDRESS: 137 WILSON BLVD. P O BOX 200 CITY/ST/ZIP/CO: FISHERSVILLE, VA 22939-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DAVID B COLLIER TITLE: VICE PRESIDENT ADDRESS: 137 WILSON BLVD P O BOX 200 CITY/ST/ZIP/CO: FISHERSVILLE, VA 22939-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ALBERT L BRANCH TITLE: VICE PRESIDENT ADDRESS: 137 WILSON BLVD P O BOX 200 CITY/ST/ZIP/CO: FISHERSVILLE, VA 22939-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JAMES R CLARK TITLE: DIRECTOR ADDRESS: 811 CHIMNEY ROCK ROAD CITY/ST/ZIP/CO: GREENSBORO, NC 27410-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: E H TALLEY TITLE: DIRECTOR ADDRESS: P O BOX 776 CITY/ST/ZIP/CO: MONETA, VA 24121-	<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/ C E BALDWIN	C E BALDWIN, S/T	3/30/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.		