

1.) CORPORATION NAME:

**WILSON TRUCKING CORPORATION**

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **00426817**

**FISHERSVILLE, VA**

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:	T GUY WILSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	826 MT TORREY ROAD		
CITY/ST/ZIP/CO:	LYNDHURST, VA 22952		

NAME:	JAMES R CLARK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	811 CHIMNEY ROCK ROAD		
CITY/ST/ZIP/CO:	GREENSBORO, NC 27410		

NAME:	J M HERNDON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP/CFO		
ADDRESS:	372 HICKORY HILL ROAD		
CITY/ST/ZIP/CO:	FISHERSVILLE, VA 22939		

NAME:	ALBERT L BRANCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	137 WILSON BLVD		
CITY/ST/ZIP/CO:	P O BOX 200 FISHERSVILLE, VA 22939		

NAME:	DAVID B COLLIER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	137 WILSON BLVD		
CITY/ST/ZIP/CO:	P O BOX 200 FISHERSVILLE, VA 22939		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM L MCGINLEY VICE PRESIDENT 137 WILSON BLVD. P O BOX 200 FISHERSVILLE, VA 22939	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	C E BALDWIN S/T 686 CHINQUAPIN DRIVE LYNDHURST, VA 22952	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES L WILSON CHAIRMAN PO BOX 501 FISHERSVILLE, VA 22939	<input checked="" 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/ J M HERNDON	J M HERNDON, EXEC VP/CFO	3/25/2014	
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.			