

1.) CORPORATION NAME:

Bucyrus Virginia, Inc.

DUE DATE: **9/30/2011**

SCC ID NO: **03475241**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

C T CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 534

CITY/ST/ZIP: TAZEWELL, VA 24651-

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: CHRISTOPHER C CURFMAN
TITLE: PRESIDENT
ADDRESS: 100 N.E. ADAMS
CITY/ST/ZIP/CO: PEORIA, IL 61629-

OFFICER DIRECTOR

NAME: JULIE LAGACY
TITLE: SECRETARY
ADDRESS: 100 N.E. ADAMS
CITY/ST/ZIP/CO: PEORIA, IL 61629-

OFFICER DIRECTOR

NAME: JODY A FOSTER
TITLE: ASST SECRETARY
ADDRESS: 100 N.E. ADAMS
CITY/ST/ZIP/CO: PEORIA, IL 61629-

OFFICER DIRECTOR

NAME: ROBIN D BERAN
TITLE: ASST TREASURER
ADDRESS: 100 N.E. ADAMS
CITY/ST/ZIP/CO: PEORIA, IL 61629-

OFFICER DIRECTOR

NAME: CHRISTOPHER C CURFMAN
TITLE: DIRECTOR
ADDRESS: 100 N.E. ADAMS
CITY/ST/ZIP/CO: PEORIA, IL 61629-

OFFICER 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.

<u>/s/ ROBIN D BERAN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>ROBIN D BERAN, ASST TREASURER</u> PRINTED NAME AND CORPORATE TITLE	<u>9/20/2011</u> DATE
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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.