

1.) CORPORATION NAME:

DUE DATE: **9/30/2012**

A & G Coal Corporation

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **03640695**

**ELSEY A HARRIS III
30 SEVENTH STREET
P.O. BOX 1200**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

NORTON, VA 24273

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

WISE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BX 1010
6250 HURRICANE RD

CITY/ST/ZIP: WISE, VA 24293

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:	JAMES C. JUSTICE II	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	106 LOCKHEED DRIVE		
CITY/ST/ZIP/CO:	BEAVER, WV 25813		

NAME:	JOSEPH W BUCHANAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP OF RECLAMATI		
ADDRESS:	PO BOC 1010		
CITY/ST/ZIP/CO:	WISE, VA 24293		

NAME:	JAMES C JUSTICE III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXECUTIVE VP		
ADDRESS:	106 LOCKHEED DRIVE		
CITY/ST/ZIP/CO:	BEAVER, WV 25813		

NAME:	GREGORY MAGGARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST VP OPS		
ADDRESS:	PO BOX 1010		
CITY/ST/ZIP/CO:	WISE, VA 24293		

NAME:	TOMMY J MCAMIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP OF OPERATION		
ADDRESS:	PO BOX 1010		
CITY/ST/ZIP/CO:	WISE, VA 24293		

NAME:	MARK S WOOTEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP OF ENGINEER		
ADDRESS:	PO BOX 1010		
CITY/ST/ZIP/CO:	WISE, VA 24293		

NAME: STEPHEN W BALL TITLE: SECRETARY ADDRESS: 106 LOCKHEED DRIVE CITY/ST/ZIP/CO: BEAVER, WV 25813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JAMES T. MILLER TITLE: TREASURER ADDRESS: 106 LOCKHEED DRIVE CITY/ST/ZIP/CO: BEAVER, WV 25813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JAMES C. JUSTICE II TITLE: DIRECTOR ADDRESS: 106 LOCKHEED DRIVE CITY/ST/ZIP/CO: BEAVER, WV 25813	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JAMES C JUSTICE III TITLE: DIRECTOR ADDRESS: 106 LOCKHEED DRIVE CITY/ST/ZIP/CO: BEAVER, WV 25813	<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/ JAMES T. MILLER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES T. MILLER, TREASURER PRINTED NAME AND CORPORATE TITLE	7/24/2012 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.		