

1.) CORPORATION NAME:

NORTH FORK COAL CORPORATION

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

AUTH IN VI

CORPORATION SERVICE COMPANY

BANK OF AMERICA CENTER

16TH FLOOR, 1111 EAST MAIN STREET

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **6/30/2011**

SCC ID NO: **04110425**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE ALPHA PLACE
PO BOX 2345

CITY/ST/ZIP: ABINGDON, VA 24212-

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: RICHARD L CRAIG
TITLE: PRESIDENT
ADDRESS: ONE ALPHA PLACE
PO BOX 2345
CITY/ST/ZIP/CO: ABINGDON, VA 24212-

OFFICER

DIRECTOR

NAME: ROGER D KETRON
TITLE: TREASURER
ADDRESS: ONE ALPHA PLACE
PO BOX 2345
CITY/ST/ZIP/CO: ABINGDON, VA 24212-

OFFICER

DIRECTOR

NAME: G SCOTT COLE
TITLE: TREASURER
ADDRESS: ONE ALPHA PLACE
PO BOX 2345
CITY/ST/ZIP/CO: ABINGDON, VA 24212-

OFFICER

DIRECTOR

NAME: WANDA K FIELDS
TITLE: ASST SECRETARY
ADDRESS: ONE ALPHA PLACE
PO BOX 2345
CITY/ST/ZIP/CO: ABINGDON, VA 24212-

OFFICER

DIRECTOR

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RICHARD R GRINNAN		
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE ALPHA PLACE PO BOX 2345		
CITY/ST/ZIP/CO:	ABINGDON, VA 24212-		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	VAUGHN R GROVES		
TITLE:	SECRETARY		
ADDRESS:	ONE ALPHA PLACE PO BOX 2345		
CITY/ST/ZIP/CO:	ABINGDON, VA 24212-		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHRISTOPHER LEE STONE		
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE ALPHA PLACE PO BOX 2345		
CITY/ST/ZIP/CO:	ABINGDON, VA 24212-		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOHN W PEARL		
TITLE:	ASST TREASURER		
ADDRESS:	O P		
CITY/ST/ZIP/CO:	ABINGDON, VA 24212-		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TERESA J DARNELL		
TITLE:	ASST SECRETARY		
ADDRESS:	ONE ALPHA PLACE PO BOX 2345		
CITY/ST/ZIP/CO:	ABINGDON, VA 24212-		

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/ RICHARD R GRINNAN</u>	<u>RICHARD R GRINNAN, VICE</u>	<u>6/30/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>PRESIDENT</u> 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.