

1.) CORPORATION NAME:

**Trans-Allegheny Interstate Line Company**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **06671168**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 800 CABIN HILL DRIVE

CITY/ST/ZIP: GREENSBURG, PA 15601

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.

<p>NAME: CHARLES E JONES JR TITLE: PRESIDENT ADDRESS: 76 SOUTH MAIN STREET CITY/ST/ZIP/CO: AKRON, OH 44308-1890</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARK T CLARK TITLE: EXEC VP/FIN-STR ADDRESS: 76 SOUTH MAIN STREET CITY/ST/ZIP/CO: AKRON, OH 44308-1890</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RHONDA S FERGUSON TITLE: VP/CORP SEC ADDRESS: 76 SOUTH MAIN STREET CITY/ST/ZIP/CO: AKRON, OH 44308-1890</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: LEILA L VESPOLI TITLE: EXEC VP/GEN COU ADDRESS: 76 SOUTH MAIN STREET CITY/ST/ZIP/CO: AKRON, OH 44308-1890</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ANTHONY J ALEXANDER TITLE: DIRECTOR ADDRESS: 76 SOUTH MAIN STREET CITY/ST/ZIP/CO: AKRON, OH 44308-1890</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JAMES F PEARSON TITLE: SR VP/CFO ADDRESS: 76 SOUTH MAIN STREET CITY/ST/ZIP/CO: AKRON, OH 44308-1890</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN R STAUB TREASURER 76 SOUTH MAIN STREET AKRON, OH 44308-1890	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	K. JON TAYLOR VP/CONTROLLER 76 SOUTH MAIN STREET AKRON, OH 44308-1890	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD J UDOVICH ASST SECRETARY 76 SOUTH MAIN STREET AKRON, OH 44308-1890	<input checked="" type="checkbox"/>	OFFICER	<input 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/ EDWARD JUDOVICH		EDWARD JUDOVICH,		10/7/2013	
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.					