

1.) CORPORATION NAME:

WESTMORELAND COAL COMPANY

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

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

SCC ID NO: **F0007510**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	12,000,000
PREFER	1,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2 N CASCADE AVE
2ND FLOOR

CITY/ST/ZIP: COLORADO SPRINGS, CO 80903-

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: KEITH ALESSI OFFICER DIRECTOR
TITLE: PRESIDENT
ADDRESS: 2 N. CASCADE, 2ND FLOOR
CITY/ST/ZIP/CO: COLORADO SPRINGS, CO 80903-

NAME: KEVIN PAPRZYCKI OFFICER DIRECTOR
TITLE: TREASURER
ADDRESS: 2 N. CASCADE, 2ND FLOOR
CITY/ST/ZIP/CO: COLORADO SPRINGS, CO 80903-

NAME: KEITH E ALESSI OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 2 N CASCADE AVE
2ND FLOOR
CITY/ST/ZIP/CO: COLORADO SPRINGS, CO 80903-

NAME: THOMAS COFFEY OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 5 BRAMPTON RD
CITY/ST/ZIP/CO: MALVERN, PA 19355-

NAME: MICHAEL D'APPOLONIA OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 4226 SURLES CT, SUITE 500
CITY/ST/ZIP/CO: DURHAM, NC 27703-

NAME: RICHARD M KLINGAMAN TITLE: DIRECTOR ADDRESS: 725 KINCAID MILLS LN CITY/ST/ZIP/CO: WALLINGFORD, PA 19085-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAN PACKWOOD TITLE: DIRECTOR ADDRESS: 900 W. BOGUS VIEW DR CITY/ST/ZIP/CO: EAGLE, ID 83616-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GAIL HAMILTON TITLE: DIRECTOR ADDRESS: 512 N. RIVER HILLS RD CITY/ST/ZIP/CO: AUSTIN, TX 78733-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT SCHARP TITLE: DIRECTOR ADDRESS: 780 FOREST VIEW CR CITY/ST/ZIP/CO: MONUMENT, CO 80132-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DOUGLAS KATHOL TITLE: VICE PRESIDENT ADDRESS: 2 N. CASCADE, 2ND FLOOR CITY/ST/ZIP/CO: COLORADO SPRINGS, CO 80903-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JENNIFER GRAFTON TITLE: SECRETARY ADDRESS: 2 N. CASCADE, 2ND FLOOR CITY/ST/ZIP/CO: COLORADO SPRINGS, CO 80903-	<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/ JENNIFER GRAFTON _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JENNIFER GRAFTON, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
7/20/2011 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.	