

1.) CORPORATION NAME:

WESTMORELAND COAL COMPANY

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0007510**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9540 South Maroon Circle
Suite 200

CITY/ST/ZIP: Englewood, CO 80112

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:	DOUGLAS KATHOL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9540 South Maroon Circle Suite 200		
CITY/ST/ZIP/CO:	Englewood, CO 80112		

NAME:	JENNIFER GRAFTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	9540 South Maroon Circle Suite 200		
CITY/ST/ZIP/CO:	Englewood, CO 80112		

NAME:	KEVIN PAPRZYCKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	9540 South Maroon Circlw		
CITY/ST/ZIP/CO:	Englewood, CO 80112		

NAME:	KEITH E ALESSI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9540 South Maroon Circle Suite 200		
CITY/ST/ZIP/CO:	Englewood, CO 80112		

NAME:	MICHAEL D'APPOLONIA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	84 Bear Point Road PO Box 576		
CITY/ST/ZIP/CO:	Harrison, ME 04040		

NAME:	GAIL HAMILTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	512 N. RIVER HILLS RD		
CITY/ST/ZIP/CO:	AUSTIN, TX 78733		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD M KLINGAMAN DIRECTOR White Horse Village, V-182 535 Gradyville Rd Newtown Square, PA 19073-2815	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAN PACKWOOD DIRECTOR 900 W. BOGUS VIEW DR EAGLE, ID 83616	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT SCHARP DIRECTOR 780 FOREST VIEW CR MONUMENT, CO 80132	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert P King PRESIDENT 9540 South Maroon Circle Suite 200 Englewood, CO 80112	<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	6/20/2012 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.			