

1.) CORPORATION NAME:

WESTMORELAND COAL COMPANY

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F0007510**

RICHMOND, VA

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

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:	ROBERT P KING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9540 SOUTH MAROON CIRCLE		
CITY/ST/ZIP/CO:	SUITE 200 ENGLEWOOD, CO 80112		

NAME:	DOUGLAS KATHOL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9540 SOUTH MAROON CIRCLE		
CITY/ST/ZIP/CO:	SUITE 200 ENGLEWOOD, CO 80112		

NAME:	KEVIN PAPRZYCKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	9540 SOUTH MAROON CIRCLE		
CITY/ST/ZIP/CO:	Suite 200 ENGLEWOOD, CO 80112		

NAME:	JENNIFER GRAFTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	9540 SOUTH MAROON CIRCLE		
CITY/ST/ZIP/CO:	SUITE 200 ENGLEWOOD, CO 80112		

NAME:	KEITH E ALESSI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	9540 SOUTH MAROON CIRCLE		
CITY/ST/ZIP/CO:	SUITE 200 ENGLEWOOD, CO 80112		

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: MICHAEL G HUTCHINSON TITLE: DIRECTOR ADDRESS: 2200 S UNIVERSITY BLVD CITY/ST/ZIP/CO: #214 DENVER, CO 80210	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RICHARD M KLINGAMAN TITLE: DIRECTOR ADDRESS: WHITE HORSE VILLAGE, V-182 CITY/ST/ZIP/CO: 535 GRADYVILLE RD NEWTOWN SQUARE, PA 19073-2815	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CRAIG R MACKUS TITLE: DIRECTOR ADDRESS: 19745 HERON PASS CITY/ST/ZIP/CO: BROOKFIELD, WI 53045	<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: 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	
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	6/19/2014 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.		