

1.) CORPORATION NAME:

PARAMONT COAL CORPORATION

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0307399**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 10,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 18100

CITY/ST/ZIP: RICHMOND, VA 23226-8100

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: MCALISTER C MARSHALL II TITLE: PRESIDENT ADDRESS: P.O. BOX 18100 CITY/ST/ZIP/CO: RICHMOND, VA 23226-8100</p> | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: WILLIAM M. LEIDIG TITLE: VICE PRESIDENT ADDRESS: P.O. BOX 1268 CITY/ST/ZIP/CO: ABINGDON, VA 23212-1268</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| <p>NAME: JONATHAN A. LEON TITLE: TREASURER ADDRESS: P.O. BOX 18100 CITY/ST/ZIP/CO: RICHMOND, VA 23226</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| <p>NAME: LISA M LANDRY TITLE: AT-TAX ADDRESS: ASSISTANT TREASURER - TAX P.O. BOX 18100 CITY/ST/ZIP/CO: RICHMOND, VA 23226-8100</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| <p>NAME: ELIZABETH C RESTIVO TITLE: SECRETARY ADDRESS: P.O. BOX 18100 CITY/ST/ZIP/CO: RICHMOND, VA 23226-8100</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| <p>NAME: JOSEPH W. DZIEDZIC TITLE: DIRECTOR ADDRESS: P.O. BOX 18100 CITY/ST/ZIP/CO: RICHMOND, VA 23226-8100</p> | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

| | | | |
|-----------------|-------------------------|----------------------------------|--|
| NAME: | KEVIN L. YOCUM | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | P. O. BOX 18100 | | |
| CITY/ST/ZIP/CO: | RICHMOND, VA 23226-8100 | | |

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/ LISA M LANDRY | LISA M LANDRY, AT-TAX | 5/27/2014 |
| 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.