

1.) CORPORATION NAME:

**G & W NATURAL RESOURCES COMPANY, INC.**

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F0421380**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O ADRIENNE HARRINGTON  
51 W 52ND ST (19-13)

CITY/ST/ZIP: NEW YORK, NY 10019

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:	LOUIS J BRISKMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	51 W 52ND ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		

NAME:	ERIC J. SOBCZAK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ASST SECY		
ADDRESS:	20 STANWIX ST		
CITY/ST/ZIP/CO:	PITTSBURGH, PA 15222		

NAME:	LISA TANZI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ASST SEC		
ADDRESS:	51 W 52ND ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		

NAME:	MICHAEL A. KOCZKO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	51 W 52ND STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		

NAME:	J. KENNETH HILL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/TREAS		
ADDRESS:	51 W 52ND STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		

NAME:	JOSEPH R IANNIELLO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/CFO		
ADDRESS:	51 W 52ND ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		

NAME:                   Lawrence Liding TITLE:                   SVP/C/CAO ADDRESS:               51 W 52ND STREET CITY/ST/ZIP/CO:       NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:                   ANGELINE C. STRAKA TITLE:                   SVP/SECRETARY ADDRESS:               51 W 52ND ST CITY/ST/ZIP/CO:       NEW YORK, NY 10019	<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/ ERIC J. SOBCZAK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ERIC J. SOBCZAK, VP/ASST SECY PRINTED NAME AND CORPORATE TITLE	10/26/2012 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.		