

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211505485

1.) CORPORATION NAME:

Western Refining Yorktown, Inc.

DUE DATE: **3/31/2011**

SCC ID NO: **F1502691**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1250 W WASHINGTON ST
STE 101

CITY/ST/ZIP: TEMPE, AZ 85281-

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.

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:		JEFF STEVENS		
TITLE:		PRES/COO		
ADDRESS:		123 W MILLS		
CITY/ST/ZIP/CO:		EL PASO, TX 79901-		

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:		MARK J SMITH		
TITLE:		EVP		
ADDRESS:		123 W MILLS		
		STE 200		
CITY/ST/ZIP/CO:		EL PASO, TX 79901-		

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:		MATTHEW L YODER		
TITLE:		ASST SECRETARY		
ADDRESS:		123 W MILLS AVE, STE 200		
CITY/ST/ZIP/CO:		EL PASO, TX 79901-		

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:		SCOTT D WEAVER		
TITLE:		DIRECTOR		
ADDRESS:		123 W MILLS AVENUE		
		STE 200		
CITY/ST/ZIP/CO:		EL PASO, TX 79901-		

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:		GARY DALKE		
TITLE:		TREASURER		
ADDRESS:		123 W MILLS AVENUE		
		STE 200		
CITY/ST/ZIP/CO:		EL PASO, TX 79901-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOWRY BARFIELD SECRETARY 123 W. MILLS AVE. SUITE 200 EL PASO, TX 79901-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN ROSSI VICE PRESIDENT 2201 E. GOODWIN NECK RD. GRAAFTON, VA 23692-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MELISSA BUHRIG ASST SECRETARY 123 W. MILLS AVE. SUITE 200 EL PASO, TX 79901-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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.

<u>/s/ MELISSA BUHRIG</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MELISSA BUHRIG, ASST <u>SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>3/14/2011</u> DATE
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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.