

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214508125

1.) CORPORATION NAME:

**Western Refining Yorktown, Inc.**

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1502691**

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 STREET  
SUITE 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:	1250 W. WASHINGTON STREET			
	STE 101			
CITY/ST/ZIP/CO:	TEMPE, AZ 85281			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	MARK J SMITH			
TITLE:	EXEC VP			
ADDRESS:	1250 W. WASHINGTON STREET			
	STE 101			
CITY/ST/ZIP/CO:	TEMPE, AZ 85281			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	GARY DALKE			
TITLE:	TREASURER			
ADDRESS:	1250 W. WASHINGTON STREET			
	STE. 101			
CITY/ST/ZIP/CO:	TEMPE, AZ 85281			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	MARK J SMITH			
TITLE:	EVP			
ADDRESS:	1250 W. WASHINGTON STREET			
	STE. 101			
CITY/ST/ZIP/CO:	TEMPE, AZ 85281			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	LOWRY BARFIELD			
TITLE:	SECRETARY			
ADDRESS:	1250 W. WASHINGTON STREET			
	STE 101			
CITY/ST/ZIP/CO:	TEMPE, AZ 85281			

NAME: MELISSA BUHRIG TITLE: ASST SECRETARY ADDRESS: 1250 W. WASHINGTON STREET STE 101 CITY/ST/ZIP/CO: TEMPE, AZ 85281	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MATTHEW L YODER TITLE: ASST SECRETARY ADDRESS: 1250 W. WASHINGTON STREET STE 101 CITY/ST/ZIP/CO: TEMPE, AZ 85281	<input checked="" type="checkbox"/> OFFICER <input 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 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/ MELISSA BUHRIG _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MELISSA BUHRIG, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	2/11/2014 _____ 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.		