

1.) CORPORATION NAME:

**PETROLEUM TRANSPORT, INC.**

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

SCC ID NO: **F1718214**

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	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**WV**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 RIVER EAST DR

CITY/ST/ZIP: BELLE, WV 25015-

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: PATRICK C GRANEY III  
TITLE: PRESIDENT  
ADDRESS: 500 RIVER EAST DR  
CITY/ST/ZIP/CO: BELLE, WV 25015-

OFFICER

DIRECTOR

NAME: GOUVERNEUR GRANEY  
TITLE: VICE PRESIDENT  
ADDRESS: 500 RIVER EAST DR  
CITY/ST/ZIP/CO: BELLE, WV 25015-

OFFICER

DIRECTOR

NAME: DAVID MACHEL  
TITLE: AT/S  
ADDRESS: 500 RIVEREAST DRIVE  
CITY/ST/ZIP/CO: BELLE, WV 25015-

OFFICER

DIRECTOR

NAME: MICHEL SALBAING  
TITLE: TREASURER  
ADDRESS: 20 HORSENECK LANE  
CITY/ST/ZIP/CO: GREENWICH, CT 06830-

OFFICER

DIRECTOR

NAME: STEVEN M CROSS  
TITLE: VICE PRESIDENT  
ADDRESS: 20 HORSENECK LANE  
CITY/ST/ZIP/CO: GREENWICH, CT 06830-

OFFICER

DIRECTOR

NAME: STEVEN LEONARD TITLE: VICE PRESIDENT ADDRESS: 20 HORSENECK LANE CITY/ST/ZIP/CO: GREENWICH, CT 06830-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: BELINDA FOXWORTH TITLE: SECRETARY ADDRESS: 20 HORSENECK LANE CITY/ST/ZIP/CO: GREENWICH, CT 06830-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: A JEFFREY FURANO TITLE: ASST SECRETARY ADDRESS: 20 HORSENECK LANE CITY/ST/ZIP/CO: GREENWICH, CT 06830-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: WILLIAM HUFFMAN TITLE: ASST SECRETARY ADDRESS: 20 HORSENECK LANE CITY/ST/ZIP/CO: GREENWICH, CT 06830-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: E PEROT BISSELL TITLE: DIRECTOR ADDRESS: 20 HORSENECK LANE CITY/ST/ZIP/CO: GREENWICH, CT 06830-	<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/ DAVID MACHEL _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID MACHEL, AT/S _____ PRINTED NAME AND CORPORATE TITLE	3/31/2011 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.		