

1.) CORPORATION NAME:

PETROLEUM TRANSPORT, INC.

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1718214**

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.

<p>NAME: PATRICK C GRANEY III TITLE: PRESIDENT ADDRESS: 500 RIVER EAST DR CITY/ST/ZIP/CO: BELLE, WV 25015</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: GOUVERNEUR GRANEY TITLE: VICE PRESIDENT ADDRESS: 500 RIVER EAST DR CITY/ST/ZIP/CO: BELLE, WV 25015</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: BELINDA FOXWORTH TITLE: SECRETARY ADDRESS: 20 HORSENECK LANE CITY/ST/ZIP/CO: GREENWICH, CT 06830</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: DAVID MACHEL TITLE: ASST TREASURER ADDRESS: 500 RIVEREAST DRIVE CITY/ST/ZIP/CO: BELLE, WV 25015</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: DAVID MACHEL TITLE: ASST SECRETARY ADDRESS: NONE CITY/ST/ZIP/CO: BELLE, WV 25015</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: A JEFFREY FURANO TITLE: ASST SECRETARY ADDRESS: 20 HORSENECK LANE CITY/ST/ZIP/CO: GREENWICH, CT 06830</p>	<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
NAME: GEORGE RISTEVSKI TITLE: DIRECTOR ADDRESS: 20 HORSENECK LANE CITY/ST/ZIP/CO: GREENWICH, CT 06830	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MALCOLM MILLER TITLE: TREASURER ADDRESS: 20 HORSENECK LA CITY/ST/ZIP/CO: GREENWICH, CT 06810	<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/ BELINDA FOXWORTH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BELINDA FOXWORTH, SECRETARY PRINTED NAME AND CORPORATE TITLE	5/3/2012 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.		