

1.) CORPORATION NAME:

Alpha Natural Resources, Inc.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1799024**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
PREFER	10,000,000
COMMON	200,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE ALPHA PLACE
PO BOX 16429

CITY/ST/ZIP: BRISTOL, VA 24202

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:	PAUL H VINING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	ONE ALPHA PLACE		
CITY/ST/ZIP/CO:	PO BOX 16429 BRISTOL, VA 24202		
NAME:	VAUGHN R GROVES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EX VP, SEC		
ADDRESS:	ONE ALPHA PLACE		
CITY/ST/ZIP/CO:	PO BOX 16429 BRISTOL, VA 24202		
NAME:	FRANK J WOOD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP,CFO,T,ASEC		
ADDRESS:	ONE ALPHA PLACE		
CITY/ST/ZIP/CO:	PO BOX 16429 BRISTOL, VA 24202		
NAME:	KEVIN S CRUTCHFIELD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/CHR		
ADDRESS:	ONE ALPHA PLACE		
CITY/ST/ZIP/CO:	PO BOX 16429 BRISTOL, VA 24202		
NAME:	WILLIAM J CROWLEY JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE ALPHA PLACE		
CITY/ST/ZIP/CO:	P.O. BOX 16429 BRISTOL, VA 24202		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	E. LINN DRAPER JR DIRECTOR ONE ALPHA PLACE PO BOX 16429 BRISTOL, VA 24202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLENN A EISENBERG DIRECTOR ONE ALPHA PLACE PO BOX 16429 BRISTOL, VA 24202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH M FRETZ DIRECTOR ONE ALPHA PLACE PO BOX 16429 BRISTOL, VA 24202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	P. MICHAEL GIFTOS DIRECTOR ONE ALPHA PLACE PO BOX 16429 BRISTOL, VA 24202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOEL RICHARDS III DIRECTOR ONE ALPHA PLACE PO BOX 16429 BRISTOL, VA 24202	<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/ VAUGHN R GROVES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VAUGHN R GROVES, EX VP, SEC PRINTED NAME AND CORPORATE TITLE	8/6/2013 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.			