

1.) CORPORATION NAME:

**THE MCLEAN VOLUNTEER FIRE DEPARTMENT**

DUE DATE: **2/6/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**STEPHEN ARNER  
1455 LAUGHLIN AVENUE  
PO BOX 291**

SCC ID NO: **00247783**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**MCLEAN, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1455 LAUGHLIN AVE

CITY/ST/ZIP: MCLEAN, VA 22101

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: STEPHEN ARNER TITLE: PRESIDENT ADDRESS: 1817 PANARAMA CT CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTINA BECK TITLE: VICE PRESIDENT ADDRESS: 6524 ELMHIRST DRIVE CITY/ST/ZIP/CO: FALLS CHURCH, VA 22043	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT A FLORES TITLE: TREASURER ADDRESS: 9812 SQUAW VALLEY DR CITY/ST/ZIP/CO: VEINNA, VA 22182	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JENNIFER IAMS TITLE: CHIEF ADDRESS: 1308 Altamira Court CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD J FOGELSON TITLE: DIRECTOR ADDRESS: 4103 N. 26TH RD CITY/ST/ZIP/CO: ARLINGTON, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CLYDE CLARK TITLE: ASST CHIEF ADDRESS: 1013 FAIRWAY DRIVE, NE CITY/ST/ZIP/CO: VIENNA, VA 22180	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: PAUL TORPEY TITLE: DIRECTOR ADDRESS: 6181 HIDDEN CANYON ROAD CITY/ST/ZIP/CO: CENTREVILLE, VA 21020	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LYNN CLANCY TITLE: DIRECTOR ADDRESS: 6520 ENGEL DRIVE CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN HOOTMAN TITLE: DIRECTOR ADDRESS: 2967 S COLUMBUS ST UNIT C2 CITY/ST/ZIP/CO: ARLINGTON, VA 22206	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEVIN LONG TITLE: DIRECTOR ADDRESS: 22468 SNOW POWDER TERRACE CITY/ST/ZIP/CO: ASHBURN, VA 20148	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PATRICIA MOYNIHAN TITLE: SECRETARY ADDRESS: 4685 KIRKPATRICK LANE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311	<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/ STEPHEN ARNER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEPHEN ARNER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/6/2014 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.		