

1.) CORPORATION NAME:

THE MCLEAN VOLUNTEER FIRE DEPARTMENT

DUE DATE: **3/19/2014**

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1817 PANARAMA CT		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		

NAME:	CHRISTINA BECK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6524 ELMHIRST DRIVE		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22043		

NAME:	ROBERT A FLORES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	9812 SQUAW VALLEY DR		
CITY/ST/ZIP/CO:	VEINNA, VA 22182		

NAME:	CLYDE CLARK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST CHIEF		
ADDRESS:	1013 FAIRWAY DRIVE, NE		
CITY/ST/ZIP/CO:	VIENNA, VA 22180		

NAME:	JENNIFER IAMS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHIEF		
ADDRESS:	1308 ALTAMIRA COURT		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME:	PATRICIA MOYNIHAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4685 KIRKPATRICK LANE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22311		

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: 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: JOHN HOOTMAN TITLE: DIRECTOR ADDRESS: 2967 S COLUMBUS ST 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: 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	
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/ ROBERT A FLORES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT A FLORES, TREASURER PRINTED NAME AND CORPORATE TITLE	3/19/2014 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.		