

1.) CORPORATION NAME:

DUE DATE: **3/4/2011**

FALLS CHURCH VOLUNTEER FIRE DEPARTMENT

SCC ID NO: **00277988**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

PAUL H MELNICK

711 PARK AVENUE

FALLS CHURCH, VA 22046

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FALLS CHURCH CITY (FILED IN ARLINGTON COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 7014

CITY/ST/ZIP: FALLS CHURCH, VA 22040-

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: H THOMAS BYRON
TITLE: PRESIDENT
ADDRESS: PO BOX 7014
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22040-

OFFICER

DIRECTOR

NAME: SARAH GREEAR
TITLE: TREASURER
ADDRESS: PO BOX 7014
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22040-

OFFICER

DIRECTOR

NAME: DAVID VILPORS
TITLE: DIRECTOR
ADDRESS: PO BOX 7014
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22040-

OFFICER

DIRECTOR

NAME: JIM CLARKE
TITLE: DIRECTOR
ADDRESS: PO BOX 7014
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22040-

OFFICER

DIRECTOR

NAME: PATRICK EVINGER
TITLE: DIRECTOR
ADDRESS: PO BOX 7014
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22040-

OFFICER

DIRECTOR

NAME: CHARLES FREY TITLE: DIRECTOR ADDRESS: PO BOX 7014 CITY/ST/ZIP/CO: FALLS CHURCH, VA 22040-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: STEVEN SISLER TITLE: DIRECTOR ADDRESS: PO BOX 7014 CITY/ST/ZIP/CO: FALLS CHURCH, VA 22040-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JAMES FORTNER TITLE: DIRECTOR ADDRESS: PO BOX 7014 CITY/ST/ZIP/CO: FALLS CHURCH, VA 22040-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: IAN WESTON TITLE: SECRETARY ADDRESS: PO BOX 7014 CITY/ST/ZIP/CO: FALLS CHURCH, VA 22040-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOHN BONDS TITLE: VICE PRESIDENT ADDRESS: PO BOX 7014 CITY/ST/ZIP/CO: FALLS CHURCH, VA 22040-	<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/ H THOMAS BYRON _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	H THOMAS BYRON, PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE	3/4/2011 _____ 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.		