

1.) CORPORATION NAME:

Franconia Volunteer Fire Department, Incorporated

DUE DATE: **6/20/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DEBORAH R VOLKER
6300 BEULAH ST
ALEXANDRIA, VA**

SCC ID NO: **00418855**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6300 BEULAH ST
PO BOX 30600

CITY/ST/ZIP: ALEXANDRIA, VA 22310

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:	DEBORAH R VOLKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9006 PARLIAMENT DRIVE		
CITY/ST/ZIP/CO:	BURKE, VA 22015		
NAME:	JOHN L SWANSON JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	9006 PARLIAMENT DRIVE		
CITY/ST/ZIP/CO:	BURKE, VA 22015		
NAME:	JASON E FARRAR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	8103 KANE COURT		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22308		
NAME:	TIMOTHY G FLEMING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Chief		
ADDRESS:	6203 MARILYN DRIVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310		
NAME:	Sean McLaren	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7627 Luton Place		
CITY/ST/ZIP/CO:	Alexandria, VA 22315		
NAME:	Gary Gaal	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Asst. Chief		
ADDRESS:	5315 Dunsmore Rd		
CITY/ST/ZIP/CO:	Alexandria, VA 22315		

NAME: Doug Tenhoopen TITLE: DIRECTOR ADDRESS: 1908 Hackamore Lane CITY/ST/ZIP/CO: Alexandria, VA 22308	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Steve Chen TITLE: DIRECTOR ADDRESS: 6011 Curtier Dr, Unit D CITY/ST/ZIP/CO: Alexandria, VA 22310	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Dan Gaal TITLE: DIRECTOR ADDRESS: 8988 Round Top Road CITY/ST/ZIP/CO: Manassas, VA 20112	<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/ JOHN L SWANSON JR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN L SWANSON JR, TREASURER PRINTED NAME AND CORPORATE TITLE	6/20/2013 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.		