

1.) CORPORATION NAME:

FREDERICKSBURG RESCUE SQUAD, INCORPORATED

DUE DATE: **1/21/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KEVIN S JONES
904 PRINCESS ANNE ST STE 101
FREDERICKSBURG, VA 22401**

SCC ID NO: **00473108**

5.) STOCK INFORMATION

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

FREDERICKSBURG CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 444

CITY/ST/ZIP: FREDERICKSBURG, VA 22404

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: TROY PAYNE TITLE: PRESIDENT ADDRESS: 122 MUSSELMAN ROAD CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22405	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TROY DILLARD TITLE: DIRECTOR ADDRESS: 10403 EDINBURGH DRIVE CITY/ST/ZIP/CO: SPOTSYLVANIA, VA 22553	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAT O'CONNELL TITLE: DIRECTOR ADDRESS: 20 POTOMAC RUN ROAD CITY/ST/ZIP/CO: FALMOUTH, VA 22405	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Laurie Bendall TITLE: VICE PRESIDENT ADDRESS: P.O. Box 444 CITY/ST/ZIP/CO: Fredericksburg, VA 22404	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Sandy Holland TITLE: SECRETARY ADDRESS: P.O. Box 444 CITY/ST/ZIP/CO: Fredericksburg, VA 22404	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Sandy Holland TITLE: DIRECTOR ADDRESS: P.O. Box 444 CITY/ST/ZIP/CO: Fredericksburg, VA 22404	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Jordan Freeland TITLE: TREASURER ADDRESS: P.O. Box 444 CITY/ST/ZIP/CO: Fredericksburg, VA 22404	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Norb Raddatz TITLE: CHAIRMAN ADDRESS: P.O. Box 444 CITY/ST/ZIP/CO: Fredericksburg, VA 22404	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Scott Davis TITLE: DIRECTOR ADDRESS: P.O. Box 444 CITY/ST/ZIP/CO: Fredericksburg, VA 22404	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Michael Goeden, M.D. TITLE: DIRECTOR ADDRESS: P.O. Box 444 CITY/ST/ZIP/CO: Fredericksburg, VA 22404	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: James McGhee TITLE: DIRECTOR ADDRESS: P.O. Box 444 CITY/ST/ZIP/CO: Fredericksburg, VA 22404	<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/ TROY PAYNE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TROY PAYNE, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/21/2013 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.		