

1.) CORPORATION NAME:

FREDERICKSBURG RESCUE SQUAD, INCORPORATED

DUE DATE: **6/9/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CHARLES W PAYNE
725 JACKSON STREET
SUITE 200**

SCC ID NO: **00473108**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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FREDERICKSBURG, VA

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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	122 MUSSELMAN ROAD		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22405		

NAME:	ERIC SIMENSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. BOX 444		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22404		

NAME:	DEBI MCGHEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	P.O. BOX 444		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22404		

NAME:	SANDY HOLLAND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	P.O. BOX 444		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22404		

NAME:	MARK DRISCOLL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 444		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22404		

NAME:	MICHAEL CAULFIELD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 444		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22404		

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: RICHARD DEPATHY TITLE: DIRECTOR ADDRESS: P.O. BOX 444 CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22404	<input 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: 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	
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	TROY PAYNE, PRESIDENT	6/9/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.		