

1.) CORPORATION NAME: **STEPHENS CITY FIRE AND RESCUE** DUE DATE: **12/19/2012**

COMPANY, INCORPORATED SCC ID NO: **00488031**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **TODD SANDERS** 5.) STOCK INFORMATION
204 S KING ST CLASS AUTHORIZED
LEESBURG, VA 20175-3010

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:
 ADDRESS: 5346 MULBERRY ST
 PO BOX 253
 CITY/ST/ZIP: STEPHENS CITY, VA 22655

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: DAVID MCKELVY FOLEY, II	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: PRESIDENT		
ADDRESS: 155 NIGHTINGALE AVE.		
CITY/ST/ZIP/CO: STEPHENS CITY, VA 22655		

NAME: BRUCE AUSTIN LUTTRELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: VICE PRESIDENT		
ADDRESS: 1386 N PIFER ROAD		
CITY/ST/ZIP/CO: STAR TANNERY, VA 22654		

NAME: BONNIE RAE JONES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: SECRETARY		
ADDRESS: 2432-206 BERRYVILLE PIKE		
CITY/ST/ZIP/CO: WINCHESTER, VA 22603		

NAME: RUTH McKAY EASTEP	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: TREASURER		
ADDRESS: 112 STAR FORT DRIVE		
CITY/ST/ZIP/CO: WINCHESTER, VA 22601		

NAME: TIMOTHY JAMES BUTLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIRECTOR		
ADDRESS: 127 NOTTOWAY DRIVE		
CITY/ST/ZIP/CO: STEPHENS CITY, VA 22655		

NAME: JOHN WILLIAM JONES, I	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIRECTOR		
ADDRESS: 2432-206 BERRYVILLE PIKE		
CITY/ST/ZIP/CO: WINCHESTER, VA 22603		

NAME: CARL MOORE TITLE: DIRECTOR ADDRESS: 100 PLUM CT. CITY/ST/ZIP/CO: STEPHENS CITY, VA 22655	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JOHN WILLIAM JONES, II TITLE: DIRECTOR ADDRESS: 1803 Valley Ave. CITY/ST/ZIP/CO: Winchester, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ DAVID MCKELVY FOLEY,II SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID MCKELVY FOLEY,II, PRESIDENT PRINTED NAME AND CORPORATE TITLE	12/19/2012 DATE
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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.