

1.) CORPORATION NAME:

**CENTREVILLE VOLUNTEER FIRE DEPARTMENT,
INCORPORATED**

DUE DATE: **2/21/2011**

SCC ID NO: **00609594**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
MARVA E WILLIAMS
14020 D GRUMBLE JONES CT
CENTREVILLE, VA 20121**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5856 OLD CENTREVILLE ROAD
P.O. BOX 157

CITY/ST/ZIP: CENTREVILLE, VA 20122-

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: MARVA E WILLIAMS
TITLE: PRES/COB
ADDRESS: 14020 D GRUMBLE JONES CT
CITY/ST/ZIP/CO: CENTREVILLE, VA 20121-

OFFICER

DIRECTOR

NAME: MARVA E WILLIAMS
TITLE: PRESIDENT
ADDRESS: 140200 GRUMBLE JONES CT.
CITY/ST/ZIP/CO: CENTREVILLE, VA 20121-

OFFICER

DIRECTOR

NAME: MATT LANNON
TITLE: TREASURER
ADDRESS: 13974 MIDDLE CREEK PL
CITY/ST/ZIP/CO: CENTREVILLE, VA 20121-

OFFICER

DIRECTOR

NAME: JAMES JORDAN
TITLE: DIRECTOR
ADDRESS: 14725 CRANOAK STREET
CITY/ST/ZIP/CO: CENTREVILLE, VA 20120-

OFFICER

DIRECTOR

NAME: JOYCE BOYD
TITLE: VICE PRESIDENT
ADDRESS: 14365 STONE WATER CT.
CITY/ST/ZIP/CO: CENTREVILLE, VA 20121-

OFFICER

DIRECTOR

NAME: MARSHALL MILBRATH TITLE: SECRETARY ADDRESS: 125 MARKET STREET, #431 CITY/ST/ZIP/CO: MANASSAS PARK, VA 20111-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL WENDT TITLE: DIRECTOR ADDRESS: 125 MARKET STREET, #431 CITY/ST/ZIP/CO: MANASSAS PARK, VA 20111-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GREGORY NAGELIN TITLE: DIRECTOR ADDRESS: 14407 SALISBURY PLAIN CT. CITY/ST/ZIP/CO: CENTREVILLE, VA 20120-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SCOTT KEENER TITLE: DIRECTOR ADDRESS: 1854 GRIFFITH ROAD CITY/ST/ZIP/CO: FALLS CHURCH, VA 22043-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN KIRBY TITLE: DIRECTOR ADDRESS: 13934 DEVIAR DRIVE CITY/ST/ZIP/CO: CENTREVILLE, VA 20120-	<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/ MARVA E WILLIAMS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARVA E WILLIAMS, PRES/COB _____ PRINTED NAME AND CORPORATE TITLE	2/21/2011 _____ 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.		