

1.) CORPORATION NAME:

CENTREVILLE VOLUNTEER FIRE

DEPARTMENT, INCORPORATED

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

DUE DATE: **4/30/2015**

SCC ID NO: **00609594**

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: 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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/COB		
ADDRESS:	14020 D GRUMBLE JONES CT		
CITY/ST/ZIP/CO:	CENTREVILLE, VA 20121		

NAME:	GREGORY NAGELIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	14407 SALISBURY PLAIN CT.		
CITY/ST/ZIP/CO:	CENTREVILLE, VA 20120		

NAME:	MATT LANNON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	13974 MIDDLE CREEK PL		
CITY/ST/ZIP/CO:	CENTREVILLE, VA 20121		

NAME:	MICHAEL WENDT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3111 20TH STREET N APT C342		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	JOHN KIRBY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13934 DEVIAR DRIVE		
CITY/ST/ZIP/CO:	CENTREVILLE, VA 20120		

NAME:	JUDITH ANN KOSTELNIK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11314 SUNDIAL COURT #E		
CITY/ST/ZIP/CO:	RESTON, VA 20194		

NAME:	PHILIP SICA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13365 SCOTSMORE WAY		
CITY/ST/ZIP/CO:	OAK HILL, VA 20171		

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.

<u>/s/ MARVA E WILLIAMS</u>	<u>MARVA E WILLIAMS, PRES/COB</u>	<u>4/7/2015</u>
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.