

1.) CORPORATION NAME:

**BENSLEY-BERMUDA VOLUNTEER RESCUE
SQUAD, INCORPORATED**

DUE DATE: **4/23/2013**

SCC ID NO: **00692939**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CARRIE E COYNER
9910 WAGNERS WAY
P.O. BOX 58**

5.) STOCK INFORMATION

| | |
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| CLASS | AUTHORIZED |
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CHESTERFIELD, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 3360

CITY/ST/ZIP: CHESTER, VA 23831

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.

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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | RORY STURM | |
| TITLE: | TREASURER | |
| ADDRESS: | 714 QUARTERPATH LANE | |
| CITY/ST/ZIP/CO: | COLONIAL HEIGHTS, VA 23834 | |

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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | GARY FRAME | |
| TITLE: | PRESIDENT | |
| ADDRESS: | 12310 LAPRADE STREET | |
| CITY/ST/ZIP/CO: | CHESTER, VA 23831 | |

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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | MICHAEL MANZELLI | |
| TITLE: | CHIEF | |
| ADDRESS: | 3401 OAK MEADOW LANE | |
| CITY/ST/ZIP/CO: | MIDLOTHIAN, VA 23112 | |

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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | LINDA WINGER | |
| TITLE: | SECRETARY | |
| ADDRESS: | 9706 RANSOM HILLS TURN | |
| CITY/ST/ZIP/CO: | NORTH CHESTERFIELD, VA 23237 | |

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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | DAWN HELTON | |
| TITLE: | VICE PRESIDENT | |
| ADDRESS: | 3912 TERJO LANE | |
| CITY/ST/ZIP/CO: | CHESTER, VA 23831 | |

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| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | CHARLES MAYLE | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 4011 KIPPAX DRIVE | |
| CITY/ST/ZIP/CO: | HOPEWELL, VA 23860 | |

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|---|----------------------------------|--|
| NAME: John Olson TITLE: DIRECTOR ADDRESS: 22421 Skinquarter Rd CITY/ST/ZIP/CO: Moseley, VA 23120 | <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.

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|---|----------------------------------|-----------|
| /s/ LINDA WINGER | LINDA WINGER, SECRETARY | 4/23/2013 |
| 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.