

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

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.

	<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	

	<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	

	<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	

	<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	

	<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	

	<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	

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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NAME: Anne Marie Wright TITLE: DIRECTOR ADDRESS: 11138 Chester Garden Circle CITY/ST/ZIP/CO: Chester, VA 23831	<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/ 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.