

1.) CORPORATION NAME:

**LORTON VOLUNTEER FIRE DEPARTMENT**

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MICHAEL D SNOW  
7701 ARMISTEAD ROAD  
LORTON, VA**

SCC ID NO: **00699041**

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: 7701 ARMISTEAD RD

CITY/ST/ZIP: LORTON, VA 22079

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:	MICHAEL D SNOW	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	10701 GREENE DR		
CITY/ST/ZIP/CO:	LORTON, VA 22079		
NAME:	WARREN F KISENDAFFER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9200 GILMORE DR		
CITY/ST/ZIP/CO:	LORTON, VA 22079		
NAME:	MELINDA RICE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	8 DAWSON DRIVE		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22405		
NAME:	EARL H. CURTIS, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHIEF/COB		
ADDRESS:	8215 LORTON RD		
CITY/ST/ZIP/CO:	LORTON, VA 22079		
NAME:	SHANA SNYDER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	10528 ANITA DR		
CITY/ST/ZIP/CO:	LORTON, VA 22079		
NAME:	DEBORAH A HOWARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4501 CEDGEWICK		
CITY/ST/ZIP/CO:	DUMFRIES, VA 22026		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICH LEVALLEE DIRECTOR 9573 HAGEL CIRCLE APT. A LORTON, VA 22079	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HOLLY SUE NEW DIRECTOR 8508 GREENLEAF ST ALEXANDRIA, VA 22309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT CHADWICK DIRECTOR 8909 GREENLEAF ST ALEXANDRIA, VA 22309	<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/ MICHAEL D SNOW SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL D SNOW, PRESIDENT PRINTED NAME AND CORPORATE TITLE	12/31/2013 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.			