

1.) CORPORATION NAME: **FAIRFAX WILDLIFE CLUB, INCORPORATED** DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **DARRELL LEE GOFF** SCC ID NO: **00702456**

**10201 STRATFORD AVE  
FAIRFAX, VA 22030**

5.) STOCK INFORMATION  

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**FAUQUIER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 122  
CITY/ST/ZIP: CATLETT, VA 20119

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:	DARRELL L GOFF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10201 STRATFORD AVENUE		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	JAMES SULLIVAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	7370 STUART CIRCLE		
CITY/ST/ZIP/CO:	WARRENTON, VA 20187		
NAME:	PROKOP KRASNY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	7397 KENNEDY ROAD		
CITY/ST/ZIP/CO:	NOKESVILLE, VA 20181		
NAME:	DAVE VANCE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11263 CEDAR LEE COURT		
CITY/ST/ZIP/CO:	BEALETON, VA 22712		
NAME:	WALDO WARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	192 PINNACLE COURT		
CITY/ST/ZIP/CO:	WARRENTON, VA 20186		
NAME:	James C Lutz	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4517 Rosemount Ln		
CITY/ST/ZIP/CO:	Catlett, VA 20119		

NAME: Dave R Albrecht TITLE: VICE PRESIDENT ADDRESS: 2537 Golden Pheasant Pl CITY/ST/ZIP/CO: Catlett, VA 20119-2551	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: W David Grabill, Jr TITLE: TREASURER ADDRESS: 117 Holden Dr. CITY/ST/ZIP/CO: Manassas Park, VA 20111	<input checked="" type="checkbox"/> OFFICER	<input 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/ DARRELL L GOFF	DARRELL L GOFF, DIRECTOR	1/31/2013
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.