

1.) CORPORATION NAME:

FAIRFAX WILDLIFE CLUB, INCORPORATED

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DARRELL LEE GOFF
10201 STRATFORD AVE
FAIRFAX, VA**

SCC ID NO: **00702456**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAMES SULLIVAN	
TITLE:	PRESIDENT	
ADDRESS:	7370 STUART CIRCLE	
CITY/ST/ZIP/CO:	WARRENTON, VA 20187	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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
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
NAME:	PROKOP KRASNY	
TITLE:	SECRETARY	
ADDRESS:	7397 KENNEDY ROAD	
CITY/ST/ZIP/CO:	NOKESVILLE, VA 20181	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DARRELL L GOFF	
TITLE:	DIRECTOR	
ADDRESS:	10201 STRATFORD AVENUE	
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES C LUTZ	
TITLE:	DIRECTOR	
ADDRESS:	4517 ROSEMOUNT LN	
CITY/ST/ZIP/CO:	CATLETT, VA 20119	

NAME: DAVE VANCE TITLE: DIRECTOR ADDRESS: 11263 CEDAR LEE COURT CITY/ST/ZIP/CO: BEALETON, VA 22712	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WALDO WARD TITLE: DIRECTOR ADDRESS: 192 PINNACLE COURT CITY/ST/ZIP/CO: WARRENTON, VA 20186	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Daniel H Chandler TITLE: DIRECTOR ADDRESS: 330 Equestrian Rd CITY/ST/ZIP/CO: Warrenton, VA 20186	<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/ DARRELL L GOFF SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DARRELL L GOFF, DIRECTOR PRINTED NAME AND CORPORATE TITLE	10/31/2013 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.		