

1.) CORPORATION NAME: **FAIRFAX WILDLIFE CLUB, INCORPORATED** DUE DATE: **10/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **DARRELL LEE GOFF** SCC ID NO: **00702456**
10201 STRATFORD AVE
FAIRFAX, VA

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: 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 checked="" type="checkbox"/> OFFICER	<input 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
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	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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	
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	10/31/2014 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.		