

1.) CORPORATION NAME:

**PHILOMONT VOLUNTEER FIRE DEPARTMENT**

DUE DATE: **8/24/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY  
CHRISTINE MOUGIN BOAL  
20 W MARKET ST STE A  
LEESBURG, VA 20176**

SCC ID NO: **00753087**

5.) STOCK INFORMATION

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

**LOUDOUN COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX B

CITY/ST/ZIP: PHILOMONT, VA 20131-

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: ROBERT FALLIN  
TITLE: TREASURER  
ADDRESS: PO BOX C  
CITY/ST/ZIP/CO: PHILOMONT, VA 20131-

OFFICER  DIRECTOR

NAME: DOUGLAS D FROST  
TITLE: DIRECTOR  
ADDRESS: 19870 TELEGRAPH SPRINGS RD  
CITY/ST/ZIP/CO: PURCELLVILLE, VA 20132-

OFFICER  DIRECTOR

NAME: PETER WEST  
TITLE: DIRECTOR  
ADDRESS: PO BOX 186  
CITY/ST/ZIP/CO: PHILOMONT, VA 20131-

OFFICER  DIRECTOR

NAME: EDWARD ZIMMERMAN  
TITLE: DIRECTOR  
ADDRESS: PO BOX 262  
CITY/ST/ZIP/CO: PHILOMONT, VA 20131-

OFFICER  DIRECTOR

NAME: JOE HUGHES  
TITLE: SECRETARY  
ADDRESS: 34733 BLOOMFIELD ROAD  
CITY/ST/ZIP/CO: ROUND HILL, VA 20141-

OFFICER  DIRECTOR

NAME: ROBERT FALLIN TITLE: PRESIDENT ADDRESS: PO BOX 164 CITY/ST/ZIP/CO: PHILOMONT, VA 20131-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MADELINE SKINNER TITLE: DIRECTOR ADDRESS: PO BOX 395 CITY/ST/ZIP/CO: PHILOMONT, VA 20131-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STEVE WATTS TITLE: DIRECTOR ADDRESS: 37242 JEB STUART RD CITY/ST/ZIP/CO: PURCELLVILLE, VA 20132-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN ERICKSON TITLE: VICE PRESIDENT ADDRESS: PO BOX 764 CITY/ST/ZIP/CO: PHILOMONT, VA 20131-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MARY MARKS TITLE: DIRECTOR ADDRESS: 34561 SNICKERSVILLE TPK CITY/ST/ZIP/CO: BLUEMONT, VA 20135-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CROSBIE SAINT TITLE: DIRECTOR ADDRESS: 36036 JEB STUART RD CITY/ST/ZIP/CO: PHILOMONT, VA 20131-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT FALLIN TITLE: PRESIDENT ADDRESS: PO BOX 164 CITY/ST/ZIP/CO: PHILOMONT, VA 20131-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CROSBIE SAINT TITLE: DIRECTOR ADDRESS: 36036 JEB STUART RD CITY/ST/ZIP/CO: PHILOMONT, VA 20131-	<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/ ROBERT FALLIN	ROBERT FALLIN, TREASURER	8/24/2011
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.