

1.) CORPORATION NAME:

**PHILOMONT VOLUNTEER FIRE DEPARTMENT**

DUE DATE: **5/2/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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:	EDWARD CARMICHAEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	19650 TELEGRAPH SPRINGS RD		
CITY/ST/ZIP/CO:	PURCELLVILLE, VA 20132		
NAME:	ROBERT FALLIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	329 PINK AZALEA TERRACE SE		
CITY/ST/ZIP/CO:	LEESBURG, VA 20175		
NAME:	ERIC SHANK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 204		
CITY/ST/ZIP/CO:	PHILOMONT, VA 20131		
NAME:	MARY MARKS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	34561 SNICKERSVILLE TNPK		
CITY/ST/ZIP/CO:	BLUEMONT, VA 20135		
NAME:	KAREN ARONHOLT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	35309 SNICKERSVILLE TPKE #102		
CITY/ST/ZIP/CO:	ROUND HILL, VA 20141		
NAME:	DOUGLAS D FROST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	19870 TELEGRAPH SPRINGS RD		
CITY/ST/ZIP/CO:	PURCELLVILLE, VA 20132		

NAME: RODNEY KRONE TITLE: DIRECTOR ADDRESS: 37037 JEB STUART RD CITY/ST/ZIP/CO: PURCELLVILLE, VA 20132	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ROBERT FALLIN TITLE: DIRECTOR ADDRESS: 329 PINK AZALEA TERRACE SE CITY/ST/ZIP/CO: LEESBURG, VA 20175	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ERIC SHANK TITLE: DIRECTOR ADDRESS: PO BOX 204 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: PETER WEST TITLE: DIRECTOR ADDRESS: PO BOX 186 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/ EDWARD CARMICHAEL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	EDWARD CARMICHAEL, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/2/2014 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.		