

1.) CORPORATION NAME: SHAWSVILLE VOLUNTEER RESCUE SQUAD, INC.	DUE DATE: 7/31/2012
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: C. E. WALTERS P.O. BOX 14 SHAWSVILLE, VA 24162	SCC ID NO: 01006204
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: MONTGOMERY COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 14
6620 ROANOKE ROAD

CITY/ST/ZIP: SHAWSVILLE, VA 24162

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: C E WALTERS	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: P O BOX 14				
CITY/ST/ZIP/CO: SHAWSVILLE, VA 24162				

NAME: STEPHANIE PALMER	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: TREASURER				
ADDRESS: P O BOX 14				
CITY/ST/ZIP/CO: SHAWSVILLE, VA 24162				

NAME: JOHN AKERS	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: CAPTAIN				
ADDRESS: P O BOX 14				
CITY/ST/ZIP/CO: SHAWSVILLE, VA 24162				

NAME: ROBERT SMITH	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: OFC/DIR				
ADDRESS: PO BOC 14				
CITY/ST/ZIP/CO: SHAWSVILLE, VA 24162				

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/ JOHN AKERS	JOHN AKERS, CAPTAIN	7/31/2012
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.