

1.) CORPORATION NAME:

**EDINBURG VOLUNTEER FIRE COMPANY, INCORPORATED**

DUE DATE: **12/6/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JEFFREY H COFFELT  
107 MASSANUTTEN ST  
EDINBURG, VA**

SCC ID NO: **01069194**

5.) STOCK INFORMATION

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

**SHENANDOAH COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 200 STONY CREEK BLVD.  
P O BOX 11

CITY/ST/ZIP: EDINBURG, VA 22824

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:	HUGH J IRVIN JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	362 IRVIN LANE		
CITY/ST/ZIP/CO:	EDINBURG, VA 22824		

NAME:	CHRISTOPHER TUSING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	123 HIGH ST		
CITY/ST/ZIP/CO:	EDINBURG, VA 22824		

NAME:	MARTIN S FRENCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	408 WATER STREET		
CITY/ST/ZIP/CO:	EDINBURG, VA 22824		

NAME:	JAMES N THARP II	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	274 WOLVERTON RD		
CITY/ST/ZIP/CO:	EDINBURG, VA 22824		

NAME:	STEPHEN VAN STEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	201 WATER ST.		
CITY/ST/ZIP/CO:	EDINBURG, VA 22824		

NAME:	JEFFREY H COFFELT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	107 MASSANUTTEN ST		
CITY/ST/ZIP/CO:	EDINBURG, VA 22824		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD L CROWE DIRECTOR 719 SOUTH OX ROAD EDINBURG, VA 22824	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	K GERALD HAWKINS DIRECTOR 1130 STONEY CREEK RD. EDINBURG, VA 22824	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL F KLINE DIRECTOR 106 NORTH WHISSEN ST EDINBURG, VA 22824	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK G IRVIN DIRECTOR P. O. BOX 182 EDINBURG, VA 22824	<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/ JEFFREY HCOFFELT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEFFREY HCOFFELT, PRINTED NAME AND CORPORATE TITLE	12/6/2013 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.			