

1.) CORPORATION NAME:

Sharon Volunteer Fire Department, Incorporated

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM DALE MUTERSPAUGH
4307 NICELYTOWN RD
CLIFTON FORGE, VA 24422**

SCC ID NO: **01267640**

5.) STOCK INFORMATION

| | |
|-------|------------|
| CLASS | AUTHORIZED |
|-------|------------|

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALLEGHANY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3910 LONGDALE FURNACE RD

CITY/ST/ZIP: CLIFTON FORGE, VA 24422

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.

| | | | |
|-----------------|-------------------------|---|--|
| | | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | ADALI G NICELY | | |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 214 MORGAN DR | | |
| CITY/ST/ZIP/CO: | CLIFTON FORGE, VA 24422 | | |

| | | | |
|-----------------|-------------------------|---|--|
| | | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | WILLIAM W ANGLE | | |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 4606 NICELYTOWN ROAD | | |
| CITY/ST/ZIP/CO: | CLIFTON FORGE, VA 24422 | | |

| | | | |
|-----------------|-------------------------|---|-----------------------------------|
| | | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | CHRISTOPHER B CLARK | | |
| TITLE: | TREASURER | | |
| ADDRESS: | 4323 NICELYTOWN RD. | | |
| CITY/ST/ZIP/CO: | CLIFTON FORGE, VA 24422 | | |

| | | | |
|-----------------|--------------------------|---|-----------------------------------|
| | | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | WILLIAM DALE MUTERSPAUGH | | |
| TITLE: | CHIEF/TRUSTEE | | |
| ADDRESS: | 4307 NICELYTOWN RD. | | |
| CITY/ST/ZIP/CO: | CLIFTON FORGE, VA 24422 | | |

| | | | |
|-----------------|---------------------|----------------------------------|--|
| | | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | WILLIAM T. CARY | | |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1316 CARDINAL DRIVE | | |
| CITY/ST/ZIP/CO: | SELMA, VA 24472 | | |

| | | | |
|-----------------|-------------------------|----------------------------------|--|
| | | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | JASON TODD LOWMAN | | |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 4103 FIREHOUSE CIRCLE | | |
| CITY/ST/ZIP/CO: | CLIFTON FORGE, VA 24422 | | |

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.

| | | |
|---|---|-------------------------|
| <u>/s/ WILLIAM DALE MUTERSPAUGH</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | <u>WILLIAM DALE MUTERSPAUGH, CHIEF/TRUSTEE</u> PRINTED NAME AND CORPORATE TITLE | <u>7/9/2012</u> 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.