

1.) CORPORATION NAME:

DANTE RESCUE SQUAD, INC.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JARRED GLASS
PO BOX 668
DANTE, VA**

SCC ID NO: **01336858**

5.) STOCK INFORMATION

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

RUSSELL COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: BOX 668

CITY/ST/ZIP: DANTE, VA 24237

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 type="checkbox"/> DIRECTOR
NAME:	ANTHONY COMBS	
TITLE:	SUPPLY LIET	
ADDRESS:	PO BOX 1383	
CITY/ST/ZIP/CO:	ST PAUL, VA 24283	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JARRED GLASS	
TITLE:	SUPPLY LT	
ADDRESS:	428 CLAIRMONT CIR	
CITY/ST/ZIP/CO:	CASTLEWOOD, VA 24224	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DANIEL GLASS JR	
TITLE:	CAPTAIN	
ADDRESS:	81 CLINIC ST	
CITY/ST/ZIP/CO:	ST PAUL, VA 24283	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KAREN JENNINGS	
TITLE:	FIRST LT	
ADDRESS:	P O BOX 823	
CITY/ST/ZIP/CO:	ST PAUL, VA 24283	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JEFF MOORE	
TITLE:	CHAIRMAN	
ADDRESS:	3845 HERALDS VALLEY ROAD	
CITY/ST/ZIP/CO:	CASTLEWOOD, VA 24224	

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/ JARRED GLASS	JARRED GLASS, SUPPLY LT	7/8/2013
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.