

1.) CORPORATION NAME:

**HARDY LIFE SAVING AND RESCUE, INCORPORATED**

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT BOLLING LAMBETH  
HARRISON BUILDING  
P.O.BOX 236, 118 E. MAIN ST.**

SCC ID NO: **01536176**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**BEDFORD, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**BEDFORD COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 95

CITY/ST/ZIP: HARDY, VA 24101

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:	LISA HALE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1159 ARCHERY LN		
CITY/ST/ZIP/CO:	VINTON, VA 24179		

NAME:	WESLEY GORDON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	11713 HARDY ROAD		
CITY/ST/ZIP/CO:	HARDY, VA 24101		

NAME:	JEFF HODGES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CAPTAIN		
ADDRESS:	69 OWL RIDGE DR		
CITY/ST/ZIP/CO:	HARDY, VA 24101		

NAME:	SHANNON BALE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	1ST LT		
ADDRESS:	1028 FEATHER PL		
CITY/ST/ZIP/CO:	HARDY, VA 24101		

NAME:	MYRA DANCAUSSE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	HICKORY WOODS LANE		
CITY/ST/ZIP/CO:	HARDY, VA 24101		

NAME:	Jack Seifert	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1111 Cherokee Ridge		
CITY/ST/ZIP/CO:	Hardy, VA 24101		

NAME: Dan Coy TITLE: DIRECTOR ADDRESS: PO Box 265 CITY/ST/ZIP/CO: Vinton, VA 24179	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Robert Zimmerman TITLE: DIRECTOR ADDRESS: 912 Salem Ave SW CITY/ST/ZIP/CO: Roanoke, VA 24016	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Rick Cofer TITLE: DIRECTOR ADDRESS: 1083 Emmett Place CITY/ST/ZIP/CO: Hardy, VA 24101	<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/ WESLEY GORDON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WESLEY GORDON, TREASURER PRINTED NAME AND CORPORATE TITLE	10/29/2013 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.		