

1.) CORPORATION NAME:

**THE FAIRFAX COUNTY RETIRED POLICE
ASSOCIATION, INC.**

DUE DATE: **1/31/2013**

SCC ID NO: **01641976**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES A COVEL
5625 REVERCOMB CT
FAIRFAX, VA 22030**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5625 REVERCOMB COURT

CITY/ST/ZIP: FAIRFAX, VA 22030-5435

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:	JAMES R DOOLEY, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	5625 REVERCOMB COURT		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030-5435		

NAME:	JAMES R GOGAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	5625 REVERCOMB CT		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030-5435		

NAME:	BONNIE KRAUT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	5625 REVERCOMB CT		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030-5435		

NAME:	JAMES A COVEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5625 REVERCOMB CT		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030-5435		

NAME:	DANIEL R GRIMES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5625 REVERCOMB CT		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030-5435		

NAME:	Joseph A Higgs	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5625 Revercomb Ct		
CITY/ST/ZIP/CO:	Fairfax, VA 22030-5435		

NAME: George A. Ashley TITLE: DIRECTOR ADDRESS: 5625 Revercomb Ct. CITY/ST/ZIP/CO: Fairfax, VA 22030-5435	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Daniel W. Kriss TITLE: DIRECTOR ADDRESS: 5625 Revercomb Ct. CITY/ST/ZIP/CO: Fairfax, VA 22030-5435	<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/ JAMES R DOOLEY, JR. SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES R DOOLEY, JR., PRESIDENT PRINTED NAME AND CORPORATE TITLE	12/19/2012 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.		