

1.) CORPORATION NAME:

NICKELSVILLE RESCUE SQUAD, INCORPORATED

DUE DATE: **12/31/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
TERRY L. KILGORE
109 E. JACKSON ST.
P.O. BOX 669**

SCC ID NO: **02791192**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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GATE CITY, VA 24251

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

SCOTT COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 237

CITY/ST/ZIP: NICKELSVILLE, VA 24271-

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: GREGORY MARSHALL
TITLE: CAPTAIN
ADDRESS: 371 POND HILL LAME
CITY/ST/ZIP/CO: NICKELSVILLE, VA 24271-

OFFICER DIRECTOR

NAME: J ROGER BURKE
TITLE: 1st. Lt.
ADDRESS: PO BOX 79
CITY/ST/ZIP/CO: NICKELSVILLE, VA 24271-

OFFICER DIRECTOR

NAME: RALPH ESTEPP,II
TITLE: 2nd. Lt.
ADDRESS: 184 BRITTANY LN
CITY/ST/ZIP/CO: GATE CITY, VA 24251-

OFFICER DIRECTOR

NAME: KATHERINE FINCH
TITLE: Training
ADDRESS: P.O. BOX 265
CITY/ST/ZIP/CO: NICKELSVILLE, VA 24271-

OFFICER DIRECTOR

NAME: SHIRLEY MARSHALL
TITLE: TREASURER
ADDRESS: 371 POND HILL LN.
CITY/ST/ZIP/CO: NICKELSVILLE, VA 24271-

OFFICER DIRECTOR

NAME: ROBERT SURBER TITLE: PRESIDENT ADDRESS: 630 BLACKJACK DRIVE CITY/ST/ZIP/CO: NICKELSVILLE, VA 24271-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES LARRY MOORE TITLE: DIRECTOR ADDRESS: 1837 MARVIN SPRINGS RD CITY/ST/ZIP/CO: NICKELSVILLE, VA 24271-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: VANNIS SCALF TITLE: DIRECTOR ADDRESS: 286 POND HILL LN. CITY/ST/ZIP/CO: NICKELSVILLE, VA 24271-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MELANIE MOORE TITLE: DIRECTOR ADDRESS: 6018 TWIN SPRINGS RD. CITY/ST/ZIP/CO: DUNGANNON, VA 24245-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JACK STALLARD TITLE: DIRECTOR ADDRESS: 2876 TWIN SPRINGS RD CITY/ST/ZIP/CO: NICKELSVILLE, VA 24271-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BILLY ODLE TITLE: DIRECTOR ADDRESS: 240 GENESIS DR. CITY/ST/ZIP/CO: NICKELSVILLE, VA 24271-	<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/ GREGORY MARSHALL _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GREGORY MARSHALL, CAPTAIN _____ PRINTED NAME AND CORPORATE TITLE
3/3/2011 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.	