

1.) CORPORATION NAME:

**NICKELSVILLE RESCUE SQUAD, INCORPORATED**

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GREGORY K. MARSHALL  
371 POND HILL LN.  
NICKELSVILLE, VA 24271**

SCC ID NO: **02791192**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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: 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: SHIRLEY JEAN MARSHALL TITLE: SECRETARY ADDRESS: 371 POND HILL LN. CITY/ST/ZIP/CO: NICKELSVILLE, VA 24271	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JESSIE ROGER BURKE TITLE: 1ST. LT. ADDRESS: PO BOX 79 CITY/ST/ZIP/CO: NICKELSVILLE, VA 24271	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RANDY STREET TITLE: 2ND. LT. ADDRESS: 115 GIBSON RD. CITY/ST/ZIP/CO: NICKELSVILLE, VA 24271	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LISA LANEY TITLE: TRAINING ADDRESS: 5853 COPPER CREEK RD. CITY/ST/ZIP/CO: GATE CITY, VA 24251	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: GREGORY MARSHALL TITLE: CAPTAIN ADDRESS: 371 POND HILL LAME CITY/ST/ZIP/CO: NICKELSVILLE, VA 24271	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: GEORGETTE STREET TITLE: DIRECTOR ADDRESS: 115 GIBSON RD. 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: BILLY ODLE TITLE: DIRECTOR ADDRESS: 240 GENESIS DR. 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: 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
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/ ROBERT SURBER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT SURBER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	12/31/2012 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.		