

1.) CORPORATION NAME: **LOUDOUN CAREER FIRE FIGHTERS ASSOCIATION, INC.** DUE DATE: **2/29/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **MATTHEW MURPHY**  
**42799 SYKES TERRACE**  
**SOUTH RIDING, VA 20152** SCC ID NO: **04600482**

5.) STOCK INFORMATION  

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

4.) STATE OR COUNTRY OF INCORPORATION:  
**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 111 North 28th Street  
CITY/ST/ZIP: Purcellville, VA 20132

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: Matthew Murphy TITLE: PRESIDENT ADDRESS: PO BOX 4080 CITY/ST/ZIP/CO: LEESBURG, VA 20177	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: KELLY YELTON TITLE: TREASURER ADDRESS: PO BOX 4080 CITY/ST/ZIP/CO: LEESBURG, VA 20177	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: NICOLE HANKIN TITLE: SECRETARY ADDRESS: PO BOX 4080 CITY/ST/ZIP/CO: LEESBURG, VA 20177	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Irv Chilcoat TITLE: DIRECTOR ADDRESS: 223 Beacon Drive CITY/ST/ZIP/CO: Sterling, VA 20164	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ NICOLE HANKIN	NICOLE HANKIN,	4/19/2012
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.