

1.) CORPORATION NAME:

**VIRGINIA STATE FIRE & EMS ASSOCIATION**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DAVID AKERS  
390 CRAIG STREET  
CHRISTIANSBURG, VA**

SCC ID NO: **06771364**

5.) STOCK INFORMATION

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

**MONTGOMERY COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 6144

CITY/ST/ZIP: CHRISTIANSBURG, VA 24068

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GARY ALLRED	
TITLE:	PRESIDENT	
ADDRESS:	PO BOX 6144	
CITY/ST/ZIP/CO:	CHRISTIANSBURG, VA 24073	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RONNIE BLACK	
TITLE:	PAST PRESIDENT	
ADDRESS:	PO BOX 6144	
CITY/ST/ZIP/CO:	CHRISTIANSBURG, VA 24068	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LARRY LOGAN	
TITLE:	VICE PRESIDENT	
ADDRESS:	PO BOX 6144	
CITY/ST/ZIP/CO:	CHRISTIANSBURG, VA 24068	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	H DAVID AKERS	
TITLE:	S/REG AGENT/O	
ADDRESS:	PO BOX 6144	
CITY/ST/ZIP/CO:	CHRISTIANSBURG, VA 24068	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	NORMAN W. RICE	
TITLE:	DIRECTOR	
ADDRESS:	PO BOX 6144	
CITY/ST/ZIP/CO:	CHRISTIANSBURG, VA 24068	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Michael Masciola	
TITLE:	TREASURER	
ADDRESS:	PO Box 6144	
CITY/ST/ZIP/CO:	Christiansburg, VA 24073	

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/ Michael Masciola	Michael Masciola, TREASURER	7/7/2013
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.		