

**2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

21115.8454--9/9/2011



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1. CORPORATION NAME
JEFFERSON DISTRICT FIRE DEPARTMENT

DUE DATE:

SCC ID NO.: 0030483-2

2. VA REGISTERED AGENT NAME AND ADDRESS: OFFICER.

BARBARA THOMPSON
2759 JANUARY CT
FALLS CHURCH VA 22043

5. STOCK INFORMATION:

CLASS	AUTHORIZED

Handwritten: Aug 9-8-11

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
129 - FAIRFAX COUNTY

4. STATE OR COUNTRY OF INCORPORATION:
VA - VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below.
ADDRESS: 1750 S. HAYES STREET	ADDRESS:
CITY/ST/ZIP: ARLINGTON VA 22202	CITY/ST/ZIP:

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.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input checked="" type="checkbox"/> Delete information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Replacement
NAME: QUENTIN TABSCOTT TITLE: PRESIDENT ADDRESS: 3810 SAXTON COURT CITY/ST/ZIP: WHITE PLAINS MD 20695	NAME: <i>Ardis L. Thompson</i> TITLE: <i>President</i> ADDRESS: <i>2759 January Ct</i> CITY/ST/ZIP: <i>Falls Church VA 22043</i>

I affirm that the information contained in this report is accurate and complete as of the date below.

Barbara Thompson, Sec
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Barbara Thompson, Sec
PRINTED NAME AND TITLE

8/30/2011
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

2011 ANNUAL REPORT CONTINUED

CORPORATE NAME:
JEFFERSON DISTRICT FIRE DEPARTMENT

DUE DATE:
SCC ID NO.: 0030483-2

All directors and principal officers must be listed.
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7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input checked="" type="checkbox"/> Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Replacement
NAME: ARTIS THOMPSON TITLE: VICE PRESIDENT ADDRESS: 2759 JANUARY COURT CITY/ST/ZIP: FALLS CHURCH VA 22043	NAME: <i>Karen Warkentjen</i> TITLE: <i>Vice President</i> ADDRESS: <i>2017 S. Quincy St</i> CITY/ST/ZIP: <i>Arlington VA 22204</i>
Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: KIM RUDOLPH TITLE: TREASURER ADDRESS: 1705 S POLLARD ST CITY/ST/ZIP: ARLINGTON VA 22204	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: BARBARA THOMPSON TITLE: SECRETARY ADDRESS: 2759 JANUARY COURT CITY/ST/ZIP: FALLS CHURCH VA 22043	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input checked="" type="checkbox"/> Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: HAROLD LEROY TITLE: DIRECTOR ADDRESS: 4310 FOREST HILL DRIVE #310 CITY/ST/ZIP: FAIRFAX VA 22030	NAME: TITLE: ADDRESS: CITY/ST/ZIP: