

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

21119.8877--12/2/2011

File online at
 sccfile.scc.virginia.gov



211198877

1. CORPORATION NAME:
 JEFFERSON DISTRICT FIRE DEPARTMENT
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR.
 BARBARA THOMPSON

DUE DATE: 12/31/11

SCC ID NO.: 0030483-2

2759 JANUARY CT

5. STOCK INFORMATION

- FALLS CHURCH, VA 22043
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
 129-FAIRFAX COUNTY
4. STATE OR COUNTRY OF INCORPORATION:
 VA-VIRGINIA

CLASS	AUTHORIZED

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 the block to the left is blank or contains incorrect data please add or correct the address 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 checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: ARTIS L THOMPSON	NAME:
TITLE: PRESIDENT	TITLE:
ADDRESS: 2759 JANUARY COURT	ADDRESS:
CITY/ST/ZIP: FALLS CHURCH, VA 22043	CITY/ST/ZIP:

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

Barbara Thompson Barbara Thompson Sec 11/29/11
 SIGNATURE OF DIRECTOR/OFFICER PRINTED NAME AND CORPORATE TITLE DATE
 LISTED IN THIS REPORT

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.

CORPORATION NAME:
JEFFERSON DISTRICT FIRE DEPARTMENT

DUE DATE: 12/31/11
SCC ID NO.: 0030483-2

21119.8877

7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

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 checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: KAREN WARKENTIEN TITLE: VICE PRESIDENT ADDRESS: 2017 S QUINCY ST CITY/ST/ZIP: ARLINGTON, VA 22204	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> 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 the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: KIM RUDOLPH TITLE: TREASURER ADDRESS: 1705 S POLLARD ST CITY/ST/ZIP: ARLINGTON, VA 22204	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> 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 the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: BARBARA THOMPSON TITLE: SECRETARY ADDRESS: 2759 JANUARY COURT CITY/ST/ZIP: FALLS CHURCH, VA 22043	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> 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 type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: