

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	212531620
------------------	-----------------------------------------------------------------------------------------	-----------

1.) CORPORATION NAME: <b>ROANOKE VALLEY SISTER CITIES, INC.</b>	DUE DATE: <b>8/20/2012</b>		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>JAMES ROBERT TOMPKINS          3276 ALLENDALE ST., SW          ROANOKE, VA 24014</b>	SCC ID NO: <b>01054477</b>		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ROANOKE CITY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>			

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: James Robert Tompkins  
3276 Allendale St., SW

CITY/ST/ZIP: Roanoke, VA 24014

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: DR CHARLES L DOWNS TITLE: PRESIDENT ADDRESS: 2657 CORNWALLIS AVE CITY/ST/ZIP/CO: ROANOKE, VA 24014	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
-------------------------------------------------------------------------------------------------------------------	---------------------------------------------	----------------------------------------------	--

NAME: DR ROBERT F ROTH TITLE: CORR SEC ADDRESS: 100 NOVEMBER LANE CITY/ST/ZIP/CO: WIRTZ, VA 24184	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
------------------------------------------------------------------------------------------------------------	---------------------------------------------	----------------------------------------------	--

NAME: Mary Ann Conrad TITLE: TREASURER ADDRESS: PO BOX 136 CITY/ST/ZIP/CO: Roanoke, VA 24002	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
-------------------------------------------------------------------------------------------------------	---------------------------------------------	----------------------------------------------	--

NAME: JAMES R "JACK" TOMPKINS TITLE: DIRECTOR ADDRESS: 3726 ALLENDALE STREET, SW CITY/ST/ZIP/CO: ROANOKE, VA 24014	<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/ DR CHARLES L DOWNS	DR CHARLES L DOWNS, PRESIDENT	8/20/2012
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.