

1.) CORPORATION NAME:

ORANGE DOWNTOWN ALLIANCE, INC.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**FRANK A THOMAS III
149 W MAIN ST
ORANGE, VA 22960**

SCC ID NO: **03937661**

5.) STOCK INFORMATION

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

ORANGE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 130 WEST MAIN STREET, SUITE 201
PO BOX 283

CITY/ST/ZIP: ORANGE, VA 22960

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:	DAN GREGG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 309		
CITY/ST/ZIP/CO:	ORANGE, VA 22960		

NAME:	DAVID TURNER HEYL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	124 WEST MAIN STREET		
CITY/ST/ZIP/CO:	ORANGE, VA 22960		

NAME:	FRANCES LEA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	16381 BLACK RUN RD		
CITY/ST/ZIP/CO:	ORANGE, VA 22960		

NAME:	Eileen Whelan	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	325 A Madison Rd.		
CITY/ST/ZIP/CO:	Orange, VA 22960		

NAME:	Buzz Van Santvoord	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9187 Old Rapidan Rd.		
CITY/ST/ZIP/CO:	Orange, VA 22960		

NAME:	Larry Sappington	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12505 Albano Rd.		
CITY/ST/ZIP/CO:	Barboursville, VA 22923		

NAME: Cindy Gillan TITLE: DIRECTOR ADDRESS: 8175 Retreat Farm Rd. CITY/ST/ZIP/CO: Rapidan, VA 22733	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Lucille Morton TITLE: DIRECTOR ADDRESS: 13160 Highlands Dr. CITY/ST/ZIP/CO: Orange, VA 22960	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ron Rose TITLE: DIRECTOR ADDRESS: 223 Aidan Dr. CITY/ST/ZIP/CO: Orange, VA 22960	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: John Jeanes TITLE: DIRECTOR ADDRESS: PO Box 284 CITY/ST/ZIP/CO: Orange, VA 22960	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Laurie Neale TITLE: DIRECTOR ADDRESS: 19145 Beaver Creek Rd. CITY/ST/ZIP/CO: Orange, VA 22960	<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/ DAVID TURNER HEYL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID TURNER HEYL, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/21/2012 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.		