

1.) CORPORATION NAME:

ORANGE DOWNTOWN ALLIANCE, INC.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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:	LAURIE NEALE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	19145 BEAVER CREEK RD.		
CITY/ST/ZIP/CO:	ORANGE, VA 22960		

NAME:	RON ROSE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	223 AIDAN DR.		
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:	Richard Aldridge	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	Wealth Preservers Group LLC PO Box 751		
CITY/ST/ZIP/CO:	Orange, VA 22960		

NAME:	Shirley M Terrell	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	319 Harper Drive		
CITY/ST/ZIP/CO:	Orange, VA 22960		

NAME:	Michele Sigler	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	165 Barbour St		
CITY/ST/ZIP/CO:	Orange, VA 22960		

NAME: Steve Sylvia TITLE: DIRECTOR ADDRESS: PO Box 631 CITY/ST/ZIP/CO: Orange, VA 22960	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Catherine B Lea TITLE: Acting Pres. ADDRESS: PO Box 105 CITY/ST/ZIP/CO: Orange, VA 22960	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Paul Gallis TITLE: DIRECTOR ADDRESS: PO Box 1082 CITY/ST/ZIP/CO: Orange, VA 22960	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Hanna Kappes TITLE: DIRECTOR ADDRESS: 112 E Main St 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/ Richard Aldridge	Richard Aldridge, TREASURER	6/26/2014
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.		