

1.) CORPORATION NAME:

Southern Virginia Mountain Bike Association

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CHRISTOPHER W TOMPKINS
328 GRENADIER CIR
DANVILLE, VA 24541**

SCC ID NO: **06140537**

5.) STOCK INFORMATION

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

DANVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 328 GRENADIER CR

CITY/ST/ZIP: DANVILLE, VA 24541

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:	CHRISTOPHER TOMPKINS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	328 GRENADIER CIRCLE		
CITY/ST/ZIP/CO:	DANVILLE, VA 24541		
NAME:	KELLY BRANDE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	287 LINDEN DRIVE		
CITY/ST/ZIP/CO:	DANVILLE, VA 24541		
NAME:	TERRY BLAKELY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 4256		
CITY/ST/ZIP/CO:	DANVILLE, VA 24540		
NAME:	CHRISTOPHER J BLEVINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1188 COUNTRYSIDE DRIVE		
CITY/ST/ZIP/CO:	RINGGOLD, VA 24586		
NAME:	JOHNNY DOAK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4051 KESWICK DR		
CITY/ST/ZIP/CO:	DANVILLE, VA 24540		
NAME:	ROBERT FULLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	572 ROBERTSON LANE		
CITY/ST/ZIP/CO:	DANVILLE, VA 24540		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBBIE MORRIS DIRECTOR P.O. BOX 34 BLAIRS, VA 24527	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WESLEY SPIVEY DIRECTOR 17 SELMA AVE DANVILLE, VA 24541	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ CHRISTOPHER TOMPKINS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTOPHER TOMPKINS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/12/2012 DATE
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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.