

1.) CORPORATION NAME:

**Southern Virginia Mountain Bike Association**

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MARY-WHITT F JONES  
2323 RIVERSIDE DRIVE  
DANVILLE, VA 24540**

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: 2323 Riverside Dr

CITY/ST/ZIP: DANVILLE, VA 24540

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  
TITLE: DIRECTOR  
ADDRESS: 328 GRENADIER CIRCLE  
CITY/ST/ZIP/CO: DANVILLE, VA 24541

OFFICER  DIRECTOR

NAME: JOHNNY DOAK  
TITLE: PRESIDENT  
ADDRESS: 4051 KESWICK DR  
CITY/ST/ZIP/CO: DANVILLE, VA 24540

OFFICER  DIRECTOR

NAME: TERRY BLAKELY  
TITLE: DIRECTOR  
ADDRESS: PO BOX 4256  
CITY/ST/ZIP/CO: DANVILLE, VA 24540

OFFICER  DIRECTOR

NAME: CHRISTOPHER J BLEVINS  
TITLE: DIRECTOR  
ADDRESS: 1188 COUNTRYSIDE DRIVE  
CITY/ST/ZIP/CO: RINGGOLD, VA 24586

OFFICER  DIRECTOR

NAME: ROBERT FULLER  
TITLE: DIRECTOR  
ADDRESS: 572 ROBERTSON LANE  
CITY/ST/ZIP/CO: DANVILLE, VA 24540

OFFICER  DIRECTOR

NAME: ROBBIE MORRIS  
TITLE: DIRECTOR  
ADDRESS: P.O. BOX 34  
CITY/ST/ZIP/CO: BLAIRS, VA 24527

OFFICER  DIRECTOR

NAME: WESLEY SPIVEY TITLE: DIRECTOR ADDRESS: 17 SELMA AVE CITY/ST/ZIP/CO: DANVILLE, VA 24541	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Richard Jones TITLE: DIRECTOR ADDRESS: 920 Rocky Knoll Lane CITY/ST/ZIP/CO: danville, VA 24541	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Dwayne Durham TITLE: DIRECTOR ADDRESS: 202 Marshall Terr CITY/ST/ZIP/CO: Danville, VA 24541	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Mary-Whitt Jones TITLE: SECRETARY ADDRESS: 440 Avondale Dr CITY/ST/ZIP/CO: Danville, VA 24541	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: R J Weaver TITLE: TREASURER ADDRESS: 336 main St CITY/ST/ZIP/CO: danville, VA 24541	<input checked="" type="checkbox"/> OFFICER	<input 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/ Mary-Whitt Jones SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Mary-Whitt Jones, SECRETARY PRINTED NAME AND CORPORATE TITLE	1/16/2013 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.		