

1.) CORPORATION NAME:

DUE DATE: **4/30/2015**

**FIRST STATE BANK**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **00179051**

**KELVIN G PERRY  
201 NORTH UNION STREET  
DANVILLE, VA**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 800,000    |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**DANVILLE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 201 N UNION ST

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.

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| NAME: KELVIN G PERRY<br>TITLE: P/CEO<br>ADDRESS: 600 ST JOHN'S CR<br>CITY/ST/ZIP/CO: MARTINSVILLE, VA 24112        | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ALAN A HOWARD<br>TITLE: EXEC VP/COO<br>ADDRESS: 40 ABY WAY<br>CITY/ST/ZIP/CO: DANVILLE, VA 24541             | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JOHN M FISHER<br>TITLE: CHAIRMAN<br>ADDRESS: 707 WILSON STREET<br>CITY/ST/ZIP/CO: DANVILLE, VA 24541         | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME: DR ZACHARY P HAIRSTON<br>TITLE: CHAIRMAN<br>ADDRESS: 190 WATSON STREET<br>CITY/ST/ZIP/CO: DANVILLE, VA 24541 | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: LAWRENCE G CAMPBELL<br>TITLE: DIRECTOR<br>ADDRESS: 128 LARCHMONT WAY<br>CITY/ST/ZIP/CO: DANVILLE, VA 24541   | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DR DONALD FULLER<br>TITLE: DIRECTOR<br>ADDRESS: 138 JULIA ST<br>CITY/ST/ZIP/CO: YANCEYVILLE, NC 27379        | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |

|  |  |                                  |  |
|--|--|----------------------------------|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | GRACE O LEKWUWA<br>DIRECTOR<br>309 S MAIN ST<br>DANVILLE, VA 24541 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|--|----------------------------------|--|

|  |  |                                  |  |
|--|--|----------------------------------|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | JERRY L WILLIAMS<br>DIRECTOR<br>214 NORTH RIDGE ST<br>DANVILLE, VA 24541 | <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/ KELVIN G PERRY                                  | KELVIN G PERRY, P/CEO            | 3/4/2015 |
| 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.