

1.) CORPORATION NAME:

Essex Bank

DUE DATE: **10/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

JOHN M OAKEY III

ESSEX BANK

4235 INNSLAKE DR STE 200

SCC ID NO: **00287698**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	4,000,000

GLEN ALLEN, VA 23060

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4235 INNSLAKE DRIVE
SUITE 200

CITY/ST/ZIP: GLEN ALLEN, VA 23060-

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: JOHN M OAKEY III
TITLE: GEN CON/SEC
ADDRESS: 4235 INNSLAKE DRIVE SUITE 200
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-

OFFICER DIRECTOR

NAME: BRUCE E THOMAS
TITLE: EVP/CFO
ADDRESS: 4235 INNSLAKE DRIVE
SUITE 200
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-

OFFICER DIRECTOR

NAME: REX L SMITH III
TITLE: PRESIDENT
ADDRESS: 4235 INNSLAKE DRIVE
SUITE 200
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-

OFFICER DIRECTOR

NAME: W THOMAS TOWNSEND
TITLE: EVP/CCO
ADDRESS: 4235 INNSLAKE DRIVE
SUITE 200
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD F BOZARD DIRECTOR 4235 INNSLAKE DRIVE SUITE 200 GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	L MCCAULEY CHENAULT DIRECTOR 4235 INNSLAKE DRIVE SUITE 200 GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALEXANDER F DILLARD JR DIRECTOR 4235 INNSLAKE DRIVE SUITE 200 GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLENN J DOZIER DIRECTOR 4235 INNSLAKE DRIVE SUITE 200 GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	P EMERSON HUGHES JR DIRECTOR 4235 INNSLAKE DRIVE SUITE 200 GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TROY A PEERY JR DIRECTOR 4235 INNSLAKE DRIVE SUITE 200 GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EUGENE S PUTNAM JR DIRECTOR 4235 INNSLAKE DRIVE SUITE 200 GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	S WAITE RAWLS III DIRECTOR 4235 INNSLAKE DRIVE SUITE 200 GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN C WATKINS CHAIRMAN 4235 INNSLAKE DRIVE SUITE 200 GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: ROBIN T WILLIAMS TITLE: DIRECTOR ADDRESS: 4235 INNSLAKE DRIVE SUITE 200 CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: WILLIAM E SAUNDERS, JR TITLE: EVP/CRO ADDRESS: 4235 INNSLAKE DRIVE SUITE 200 CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-	<input checked="" type="checkbox"/> OFFICER	<input 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.

<u>/s/ JOHN M OAKY III</u>	<u>JOHN M OAKY III, GEN CON/SEC</u>	<u>11/3/2011</u>
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.