

1.) CORPORATION NAME:

DUE DATE: **10/31/2012**

Essex Bank

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **00287698**

**JOHN M OAKEY III
ESSEX BANK
4235 INNSLAKE DR STE 200**

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:	REX L SMITH III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4235 INNSLAKE DRIVE		
	SUITE 200		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		

NAME:	JOHN M OAKEY III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	GEN CON/SEC		
ADDRESS:	4235 INNSLAKE DRIVE SUITE 200		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		

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

NAME:	BRUCE E THOMAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/CFO		
ADDRESS:	4235 INNSLAKE DRIVE		
	SUITE 200		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		

NAME:	W THOMAS TOWNSEND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/CCO		
ADDRESS:	4235 INNSLAKE DRIVE		
	SUITE 200		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		

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: 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:	ROBIN T WILLIAMS DIRECTOR 4235 INNSLAKE DRIVE SUITE 200 GLEN ALLEN, VA 23060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	JEFFERY R CANTRELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/COO		
ADDRESS:	4235 INNSLAKE DRIVE		
CITY/ST/ZIP/CO:	SUITE 200 GLEN ALLEN, VA 23060		

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/ JOHN M OAKEY III	JOHN M OAKEY III, GEN CON/SEC	10/31/2012
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.