

1.) CORPORATION NAME:

DUE DATE: **2/28/2014**

**Bank of Floyd**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **00624429**

**J. ALAN DICKERSON  
101 JACKSONVILLE CIRCLE  
P.O. BOX 215**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

**FLOYD, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FLOYD COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 101 JACKSONVILLE CIRCLE  
PO BOX 215

CITY/ST/ZIP: FLOYD, VA 24091

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:	MICHAEL D LAROWE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	President/CEO		
ADDRESS:	PO BOX 215		
CITY/ST/ZIP/CO:	FLOYD, VA 24091		

NAME:	J. ALAN DICKERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/SVP		
ADDRESS:	101 JACKSONVILLE CIRCLE		
CITY/ST/ZIP/CO:	P.O. BOX 215 FLOYD, VA 24091		

NAME:	J. HOWARD CONDUFF, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 JACKSONVILLE CIRCLE		
CITY/ST/ZIP/CO:	P.O. BOX 215 FLOYD, VA 24091		

NAME:	T. MAUYER GALLIMORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 JACKSONVILLE CIRCLE		
CITY/ST/ZIP/CO:	P.O. BOX 215 FLOYD, VA 24091		

NAME:	JOHN PAUL HOUSTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 JACKSONVILLE CIRCLE		
CITY/ST/ZIP/CO:	P.O. BOX 215 FLOYD, VA 24091		

NAME:	JAMES W. SHORTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 JACKSONVILLE CIRCLE		
CITY/ST/ZIP/CO:	P.O. BOX 215 FLOYD, VA 24091		

NAME:	Suzanne Yearout	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Corp Secretary		
ADDRESS:	P.O. Box 215		
CITY/ST/ZIP/CO:	Floyd, VA 24091		

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/ MICHAEL D LARROWE</u>	<u>MICHAEL D LARROWE,</u>	<u>1/31/2014</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.