

1.) CORPORATION NAME:

MINERS EXCHANGE BANK

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES L WEINBERG
2100 EAST CARY STREET
RICHMOND, VA**

SCC ID NO: **02248128**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 483 FRONT ST., ALT. RT. 58
P.O. BOX 1197

CITY/ST/ZIP: COEBURN, VA 24230

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:	CHARLES R WARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	P.O. BOX 474		
CITY/ST/ZIP/CO:	COEBURN, VA 24230		

NAME:	REGINA K PATE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 857		
CITY/ST/ZIP/CO:	COEBURN, VA 24230		

NAME:	ROBERT COPELAND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	P.O.BOX 1296		
CITY/ST/ZIP/CO:	ABINGDON, VA 24210		

NAME:	JEFFREY JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	C.F.O		
ADDRESS:	P.O. BOX 273		
CITY/ST/ZIP/CO:	COEBURN, VA 24230		

NAME:	WESLEY D. BURKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 950		
CITY/ST/ZIP/CO:	COEBURN, VA 24230		

NAME:	W JACK DAVIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 950		
CITY/ST/ZIP/CO:	COEBURN, VA 24230		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH FUNK DIRECTOR PO BOX 2540 COEBURN, VA 24230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM HUNSAKER DIRECTOR PO BOX 446 COEBURN, VA 24230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT KYLE DIRECTOR PO BOX 950 COEBURN, VA 24230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES SYKES DIRECTOR 2639 CLINCH HAVEN RD. BIG STONE GAP, VA 24219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL THOMAS DIRECTOR PO BOX 729 GATE CITY, VA 24251	<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/ CHARLES R WARD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLES R WARD, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/28/2014 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.			