

1.) CORPORATION NAME:

BENCHMARK BANKSHARES, INC.

DUE DATE: **3/31/2011**

SCC ID NO: **02833895**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
ROBERT E. HAWTHORNE
110 S. BROAD STREET
P.O. BOX 603**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	4,000,000

KENBRIDGE, VA 23944

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LUNENBURG COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 S BROAD ST
PO BOX 569

CITY/ST/ZIP: KENBRIDGE, VA 23944-

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 O WALKER
TITLE: PRESIDENT
ADDRESS: PO BOX 569
CITY/ST/ZIP/CO: KENBRIDGE, VA 23944-

OFFICER

DIRECTOR

NAME: JAY A STAFFORD
TITLE: ASST SECRETARY
ADDRESS: PO BOX 569
CITY/ST/ZIP/CO: KENBRIDGE, VA 23944-

OFFICER

DIRECTOR

NAME: DAVID K. BIGGS
TITLE: DIRECTOR
ADDRESS: P. O. BOX 569
CITY/ST/ZIP/CO: KENBRIDGE, VA 23944-

OFFICER

DIRECTOR

NAME: EARL H. CARTER, JR.
TITLE: DIRECTOR
ADDRESS: P. O. BOX 569
CITY/ST/ZIP/CO: KENBRIDGE, VA 23944-

OFFICER

DIRECTOR

NAME: MARY JANE ELKINS
TITLE: CORP SEC
ADDRESS: PO BOX 569
CITY/ST/ZIP/CO: KENBRIDGE, VA 23944-

OFFICER

DIRECTOR

NAME: ERNEST R. LAIL TITLE: DIRECTOR ADDRESS: P. O. BOX 569 CITY/ST/ZIP/CO: KENBRIDGE, VA 23944-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARK F. BRAGG TITLE: DIRECTOR ADDRESS: P. O. BOX 569 CITY/ST/ZIP/CO: KENBRIDGE, VA 23944-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: J. RYLAND HAMLETT TITLE: DIRECTOR ADDRESS: P. O. BOX 569 CITY/ST/ZIP/CO: KENBRIDGE, VA 23944-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES F. SIMMONS TITLE: DIRECTOR ADDRESS: P. O. BOX 569 CITY/ST/ZIP/CO: KENBRIDGE, VA 23944-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: W J CALLIS TITLE: CHAIRMAN ADDRESS: PO BOX 569 CITY/ST/ZIP/CO: KENBRIDGE, VA 23944-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: EARL C. CURRIN, JR. TITLE: VICE CHAIRMAN ADDRESS: P. O. BOX 569 CITY/ST/ZIP/CO: KENBRIDGE, VA 23944-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: E. NEIL BURKE TITLE: TREASURER ADDRESS: PO BOX 569 CITY/ST/ZIP/CO: KENBRIDGE, VA 23944-	<input checked="" type="checkbox"/> OFFICER <input 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/ E. NEIL BURKE	E. NEIL BURKE, TREASURER
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.	