

1.) CORPORATION NAME:

EAGLE FINANCIAL SERVICES, INC.

DUE DATE: **10/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MATTHEW E CHEEK
200 SOUTH 10TH STREET
SUITE 1600**

SCC ID NO: **03819182**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000
PREFER	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2 E MAIN ST
PO BOX 391

CITY/ST/ZIP: BERRYVILLE, VA 22611

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 R MILLESON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	2 E MAIN ST		
CITY/ST/ZIP/CO:	BERRYVILLE, VA 22611		

NAME:	JAMES W MCCARTY JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CAO/S/T		
ADDRESS:	2 EAST MAIN ST		
CITY/ST/ZIP/CO:	BERRYVILLE, VA 22611		

NAME:	THOMAS T GILPIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	2. E. MAIN STREET		
CITY/ST/ZIP/CO:	BERRYVILLE, VA 22611		

NAME:	THOMAS T BYRD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2 E MAIN ST		
CITY/ST/ZIP/CO:	BERRYVILLE, VA 22611		

NAME:	MARY BRUCE GLAIZE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2 E MAIN ST		
CITY/ST/ZIP/CO:	BERRYVILLE, VA 22611		

NAME:	DOUGLAS C RINKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2 E MAIN ST		
CITY/ST/ZIP/CO:	BERRYVILLE, VA 22611		

NAME: ROBERT E SEVILA TITLE: DIRECTOR ADDRESS: 2 E MAIN STREET CITY/ST/ZIP/CO: BERRYVILLE, VA 22611	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT W SMALLEY, JR. TITLE: DIRECTOR ADDRESS: 2 E MAIN ST CITY/ST/ZIP/CO: BERRYVILLE, VA 22611	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES T VICKERS TITLE: DIRECTOR ADDRESS: 2 E. MAIN STREET CITY/ST/ZIP/CO: BERRYVILLE, VA 22611	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES T VICKERS TITLE: DIRECTOR ADDRESS: 2 E MAIN ST CITY/ST/ZIP/CO: BERRYVILLE, VA 22611	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RANDALL G VINSON TITLE: DIRECTOR ADDRESS: 2 E MAIN ST CITY/ST/ZIP/CO: BERRYVILLE, VA 22611	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES R WILKINS, JR TITLE: DIRECTOR ADDRESS: 2 E MAIN ST CITY/ST/ZIP/CO: BERRYVILLE, VA 22611	<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/ JOHN R MILLESON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN R MILLESON, P/CEO PRINTED NAME AND CORPORATE TITLE	10/30/2015 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.		