

1.) CORPORATION NAME:

Blue Ridge Bank, Inc.

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
ROBERT S JANNEY
12 S COURT ST
PO BOX 467**

SCC ID NO: **04250510**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	400,000

LURAY, VA 22835

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PAGE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 17 W MAIN ST
PO BOX 609

CITY/ST/ZIP: LURAY, VA 22835-

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:	MONTE L. LAYMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2 CHARLES AVE		
CITY/ST/ZIP/CO:	LURAY, VA 22835-		
NAME:	LARRY DEES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE HILLCREST LN.		
CITY/ST/ZIP/CO:	LURAY, VA 22835-		
NAME:	JAMES E. GANDER, II	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	509 OAK LEAF ROAD		
CITY/ST/ZIP/CO:	LURAY, VA 22835-		
NAME:	JOHN H GRAVES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3464 OLD FORGE RD		
CITY/ST/ZIP/CO:	LURAY, VA 22835-		
NAME:	ROBERT S JANNEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 467		
CITY/ST/ZIP/CO:	LURAY, VA 22835-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD L MASINCUP DIRECTOR 2 LILLARD DR LURAY, VA 22835-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY K RACER DIRECTOR 15 WOODLAND PARK DR LURAY, VA 22835-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MALCOLM SULLIVAN, JR DIRECTOR 508 BOYERS RD HARRISONBURG, VA 22801-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BENJAMIN T HORNE, 1V VICE PRESIDENT 4742 CARTERS MOUNTAIN RD CHARLOTTESVILLE, VA 22902-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN K PLUM VICE PRESIDENT 1062 BROOKSTONE ROAD LURAY, VA 22835-	<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/ MONTE L. LAYMAN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MONTE L. LAYMAN, PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE	1/23/2012 _____ 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.			