

1.) CORPORATION NAME:

**BAY BANKS OF VIRGINIA, INC.**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN C. HODGES  
678 RAPPAHANNOCK DRIVE  
P. O. BOX 5**

SCC ID NO: **04792735**

**WHITE STONE, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000
PREFER	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**LANCASTER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 SOUTH MAIN STREET  
POB 1869

CITY/ST/ZIP: KILMARNOCK, VA 22482

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:	RANDAL R. GREENE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	POB 1869		
CITY/ST/ZIP/CO:	KILMARNOCK, VA 22482		

NAME:	PAMELA A. VARNIER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CORP SEC		
ADDRESS:	POB 1869		
CITY/ST/ZIP/CO:	KILMARNOCK, VA 22482		

NAME:	ROBERT F. HURLIMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1740 LAUREL POINT RD		
CITY/ST/ZIP/CO:	LANCASTER, VA 22503		

NAME:	KENNETH O. BRANSFORD, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	POB 521		
CITY/ST/ZIP/CO:	KILMARNOCK, VA 22482		

NAME:	C. DWIGHT CLARKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	POB 432		
CITY/ST/ZIP/CO:	IRVINGTON, VA 22480		

NAME:	ELIZABETH H. CROWTHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	330 BRUINGTON LANE		
CITY/ST/ZIP/CO:	REEDVILLE, VA 22539		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD A. FARMAR, III DIRECTOR POB 1181 WARSAW, VA 22572	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIEN G. PATTERSON DIRECTOR 10009 MAGNOLIA BEND BONITA SPRINGS, FL 34135	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS F. JENKINS VICE PRESIDENT POB 1869 KILMARNOCK, VA 22482	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH M. EVANS TREASURER POB 1869 KILMARNOCK, VA 22482	<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/ RANDAL R. GREENE	RANDAL R. GREENE, P/CEO	1/13/2014	
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.			