

1.) CORPORATION NAME:

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

**SHORE BANK**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **04960118**

**PAUL ARTHUR DRISCOLL  
641 LYNNHAVEN PARKWAY  
VIRGINIA BEACH, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000
PREFER	2,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 920  
25020 SHORE PARKWAY

CITY/ST/ZIP: ONLEY, VA 23418

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:	W THOMAS MEARS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	PO BOX 920		
CITY/ST/ZIP/CO:	ONLEY, VA 23418		

NAME:	THOMAS BYRD DIX, III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP CFO/TREAS		
ADDRESS:	641 LYNNHAVEN PKWY		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23452		

NAME:	JULIE BADGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO BOX 920		
CITY/ST/ZIP/CO:	ONLEY, VA 23418		

NAME:	MYRA MAGLALANG-LANGSTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/CAO		
ADDRESS:	641 LYNNHAVEN PKWY		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23452		

NAME:	RICHARD F HALL, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 920		
CITY/ST/ZIP/CO:	ONLEY, VA 23418		

NAME:	WILLIAM ESHAM III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	641 LYNNHAVEN PKWY		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23452		

NAME: LLOYD KELLAM, III TITLE: DIRECTOR ADDRESS: 641 LYNNHAVEN PKWY CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23452	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DOUGLAS J GLENN TITLE: DIRECTOR ADDRESS: 641 LYNNHAVEN PARKWAY CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23452	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CLAUDE A TURNER, III TITLE: DIRECTOR ADDRESS: 641 LYNNHAVEN PKWY CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23452	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HENRY CUSTIS TITLE: DIRECTOR ADDRESS: 641 LYNNHAVEN PKWY CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23452	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TIMOTHY KING TITLE: DIRECTOR ADDRESS: 641 LYNNHAVEN PKWY CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23452	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRENT MILLER TITLE: DIRECTOR ADDRESS: 641 LYNNHAVEN PKWY CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23452	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WENDY WALKER TITLE: DIRECTOR ADDRESS: 641 LYNNHAVEN PKWY CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23452	<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/ THOMAS BYRD DIX, III SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS BYRD DIX, III, EVP CFO/TREAS PRINTED NAME AND CORPORATE TITLE	2/6/2014 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.		