

1.) CORPORATION NAME:

Frontier Community Bank

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ALAN J SWEET
400 LEW DEWITT BLVD
WAYNESBORO, VA**

SCC ID NO: **06581268**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

WAYNESBORO CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 400 LEW DEWITT BLVD

CITY/ST/ZIP: WAYNESBORO, VA 22980

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:	ALAN J SWEET	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	39 SANDY CT		
CITY/ST/ZIP/CO:	STUARTS DRAFT, VA 24477		
NAME:	FREDERICK GALWAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	40 FIELDHAVEN PL		
CITY/ST/ZIP/CO:	STAUNTON, VA 24401		
NAME:	GIANFRANCO AVOLI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	114 BOWIE STREET		
CITY/ST/ZIP/CO:	STAUNTON, VA 24401		
NAME:	ROLLER EAVERS, JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 27		
CITY/ST/ZIP/CO:	STAURTS DRAFT, VA 24477		
NAME:	KENNETH ELMORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	189 MISH BARN ROAD		
CITY/ST/ZIP/CO:	MIDDLEBROOK, VA 24459		
NAME:	ROBERT ERRETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	388 ROCKFISH ROAD		
CITY/ST/ZIP/CO:	WAYNESBORO, VA 22980		

NAME: PAUL J HODGEN TITLE: DIRECTOR ADDRESS: 420 PELHAM COVE CITY/ST/ZIP/CO: WAYNESBORO, VA 22980	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JULIAN MOFFETT TITLE: DIRECTOR ADDRESS: 171 ANNADALE FARM LANE CITY/ST/ZIP/CO: STAUNTON, VA 24401	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: M. TERRY WESTHAFFER TITLE: DIRECTOR ADDRESS: PO BOX 901 CITY/ST/ZIP/CO: VERONA, VA 24482	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JAMES A MORRIS TITLE: DIRECTOR ADDRESS: 520 WOODLANDS RD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<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/ FREDERICK GALWAY _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	FREDERICK GALWAY, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	3/20/2013 _____ 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.		