

1.) CORPORATION NAME:

Virginia Partners Bank

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
FRED W PALMORE III
1001 HAXALL POINT 15TH FLR
PO BOX 1122**

RICHMOND, VA 23218-1122

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **6/30/2011**

SCC ID NO: **06797971**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000
PREFER	1,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 410 WILLIAM ST
PO BOX 8029

CITY/ST/ZIP: FREDERICKSBURG, VA 22404-

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: WILLIAM B YOUNG
TITLE: VICE CHAIR/CEO
ADDRESS: 13910 HUNTING RUN DR
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22407-

OFFICER

DIRECTOR

NAME: JOHN H CHICHESTER
TITLE: CHAIRMAN
ADDRESS: 290 CROWDER POINT DR
CITY/ST/ZIP/CO: REEDVILLE, VA 22539-

OFFICER

DIRECTOR

NAME: MONA D ALBERTINE
TITLE: DIRECTOR
ADDRESS: 100 FEDERAL DR
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22405-

OFFICER

DIRECTOR

NAME: LEWIS W GRAVES, SR
TITLE: DIRECTOR
ADDRESS: 812 BEVERLY DR
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401-

OFFICER

DIRECTOR

NAME: LLOYD B HARRISON III
TITLE: P/COO/S/T
ADDRESS: 11205 BLUFFS VW
CITY/ST/ZIP/CO: SPOTSYLVANIA, VA 22551-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN A JANNEY DIRECTOR 217 LAKESHORE DRIVE FREDERICKSBURG, VA 22405-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LUCY G HARMAN DIRECTOR 115 LAKESHORE DRIVE FREDERICKSBURG, VA 22405-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES A MCCORMACK DIRECTOR 202 BROOKE DRIVE FREDERICKSBURG, VA 22405-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCIS S TURNAGE DIRECTOR 11205 MANSFIELD CLUB DRIVE FREDERICKSBURG, VA 22408-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE P SNEAD DIRECTOR 705 CORNELL STREET FREDERICKSBURG, VA 22401-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD V HURLEY DIRECTOR 704 SUNKEN ROAD FREDERICKSBURG, VA 22401-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ LLOYD B HARRISON III SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LLOYD B HARRISON III, P/COO/S/T PRINTED NAME AND CORPORATE TITLE	5/4/2011 DATE
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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.