

1.) CORPORATION NAME:

Community Capital Bank of Virginia

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DOUGLAS W DENSMORE
10 S JEFFERSTON ST STE 1800
ROANOKE, VA**

SCC ID NO: **06813091**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	4,000
PREF	800
NCPREF	200

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 930 CAMBRIA ST NE

CITY/ST/ZIP: CHRISTIANSBURG, VA 24073

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:	JANE N HENDERSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	930 CAMBRIA ST NE		
CITY/ST/ZIP/CO:	CHRISTIANSBURG, VA 24073		
NAME:	DIXON HANNA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	78 PORT TACK		
CITY/ST/ZIP/CO:	HILTON HEAD ISLAND, SC 29928		
NAME:	JAMES W HARKNESS JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3227 ALLENDALE ST SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
NAME:	FLORENCE KINGSTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2400 WASHINGTON AVENUE, 3RD FLOOR		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23607		
NAME:	AL SMUZYNSKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7522 RAMBLING RIDGE DRIVE		
CITY/ST/ZIP/CO:	FAIRFAX STATION, VA 22039		
NAME:	Clyde Alton Cornett	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	445 Windsor Drive		
CITY/ST/ZIP/CO:	Christiansburg, VA 24073		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Charlie H Mills DIRECTOR 47361 Middle Bluff Place Potomac Falls, VA 20165	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kenneth Daniels DIRECTOR P.O Box 844000 Richmond, VA 23284-4000	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	William Shelton DIRECTOR 600 East Main Street Suite 300 Richmond, VA 23219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert Gilliam DIRECTOR 185 Dearing Ford Road Lynch Station, VA 24571	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mary Dwyer Pembroke DIRECTOR 851 Trotting Court Great Falls, VA 22066	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Schewel DIRECTOR One James Center 901 East Cary Street Richmond, VA 23219	<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/ Clyde AltonCornett SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Clyde AltonCornett, PRINTED NAME AND CORPORATE TITLE	9/13/2013 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.			