

1.) CORPORATION NAME:

**Community Bankers Trust Corporation**

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN M. OAKEY, III  
9954 MAYLAND DRIVE  
SUITE 2100**

SCC ID NO: **07642994**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000,000
PREF	4,989,320
CUMPA	10,680

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9954 Mayland Drive  
Suite 2100

CITY/ST/ZIP: Richmond, VA 23233

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:	Rex L. Smith	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9954 Mayland Drive Suite		
CITY/ST/ZIP/CO:	Richmond, VA 23233		
NAME:	Bruce E. Thomas	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9954 Mayland Drive Suite 2100		
CITY/ST/ZIP/CO:	Richmond, VA 23233		
NAME:	John M. Oakey	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	9954 Mayland Drive Suite 2100		
CITY/ST/ZIP/CO:	Richmond, VA 23233		
NAME:	Gerald F. Barber	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9954 Mayland Drive Suite 2100		
CITY/ST/ZIP/CO:	Richmond, VA 23233		
NAME:	Richard F. Bozard	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9954 Mayland Drive Suite 2100		
CITY/ST/ZIP/CO:	Richmond, VA 23233		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Glenn J. Dozier DIRECTOR 9954 Mayland Drive Suite 2100 Richmond, VA 23233	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	P. Emerson Hughes DIRECTOR 9954 Mayland Drive Suite 2100 Richmond, VA 23233	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Troy A. Peery DIRECTOR 9954 Mayland Drive Suite 2100 Richmond, VA 23233	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Eugene S. Putnam DIRECTOR 9954 Mayland Drive Suite 2100 Richmond, VA 23233	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	S. Waite Rawls DIRECTOR 9954 Mayland Drive Suite 2100 Richmond, VA 23233	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John C. Watkins DIRECTOR 9954 Mayland Drive Suite 2100 Richmond, VA 23233	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robin Traywick Williams DIRECTOR 9954 Mayland Drive Suite 2100 Richmond, VA 23233	<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/ John M.Oakey SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	John M.Oakey, PRINTED NAME AND CORPORATE TITLE	6/20/2014 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.