

1.) CORPORATION NAME:

Fulton Bank, National Association

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MICHAEL PAULSON
625 ELDEN ST
HERNDON, VA**

SCC ID NO: **F1729112**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,750,000
PREFA	17,600,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

US

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE PENN SQ
PO BOX 4887

CITY/ST/ZIP: LANCASTER, PA 17604

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:	CURTIS J MYERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/COO		
ADDRESS:	ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604		
CITY/ST/ZIP/CO:			

NAME:	JEFFREY S BANKERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR EVP		
ADDRESS:	ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604		
CITY/ST/ZIP/CO:			

NAME:	JILL M CARSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	FULT MTG PRES		
ADDRESS:	ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604		
CITY/ST/ZIP/CO:			

NAME:	KENNETH M GODDU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	BRANDYWINE PRES		
ADDRESS:	ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604		
CITY/ST/ZIP/CO:			

NAME:	THEODORE A. GRELL, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SOUTH DIV PRES		
ADDRESS:	4429 BONNEY ROAD VIRGINIA BEACH, VA 23402		
CITY/ST/ZIP/CO:			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT S JONES CAPITAL DV PRES ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY R RUSH GRT VALLEY PRES ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROLYN J BEAM SR VP ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID B HANSON CEO FFA DIV ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM T KEPLER EVP ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH A REISTER CORP SECRETARY ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD J ASHBY, JR DIRECTOR ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY D BASHORE DIRECTOR ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIFER L CRAIGHEAD DIRECTOR ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN S ETTER DIRECTOR ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARLOS E GRAUPERA DIRECTOR ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE W HODGES DIRECTOR ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRIST G KRARAS DIRECTOR ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD T MOORE DIRECTOR ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A RICHARD PUGH DIRECTOR ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG A RODA DIRECTOR ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IVY E SILVER DIRECTOR ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH A TWOHY DIRECTOR ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERNEST J WATERS DIRECTOR ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH RILATT DROV DIV PRES ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH FEILMEIER PREMIER DV PRES ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY ANSEL LEBANON DV PRES ONE PENN SQ PO BOX 4887 LANCASTER, PA 17604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	P RANDOLPH TAYLOR DELAWARE DV PRES E.A. DELLE DONNE CORP CENTER 1013 CENTRE RD., SUITE 104 WILMINGTON, DE 19805	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	OLIVER WAY S VA REGN PRES 9030 STONY POINT PARKWAY SUITE 230 RICHMOND, VA 23235	<input checked="" type="checkbox"/> OFFICER	<input 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/ ELIZABETH A REISTER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ELIZABETH A REISTER, CORP SECRETARY PRINTED NAME AND CORPORATE TITLE	11/7/2013 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.			