

1.) CORPORATION NAME:

**Community Bank Services Insurance Services, Inc.(USED
IN VA BY: Community Bank Services, Inc.)**

DUE DATE: **7/31/2014**

SCC ID NO: **F1832551**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3601 HAWORTH DRIVE

CITY/ST/ZIP: RALEIGH, NC 27609

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:	KIM HUTCHENS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3601 HAWORTH DRIVE		
CITY/ST/ZIP/CO:	RALEIGH, NC 27609		

NAME:	LAUREN RUTHERFORD PERRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3601 HAWORTH DRIVE		
CITY/ST/ZIP/CO:	RALEIGH, NC 27609		

NAME:	MIKE AYOTTE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	100 SOUTH KING STREET		
CITY/ST/ZIP/CO:	MORGANTON, NC 28655		

NAME:	RONALD O BLACK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8050 FOGLEMAN ROAD		
CITY/ST/ZIP/CO:	OAK RIDGE, NC 27310		

NAME:	CHARLES FREDERICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 College Street		
CITY/ST/ZIP/CO:	Asheville, NC 28801		

NAME:	LARRY BARBOUR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 18367		
CITY/ST/ZIP/CO:	RALEIGH, NC 27619		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID STEVENS DIRECTOR PO Box 931 DURHAM, NC 27702	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THAD WOODARD DIRECTOR 3601 HAWORTH DRIVE RALEIGH, NC 27609	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICK CALLICUTT VICE CHAIRMAN 3980 Premier Drive, Suite 210 High Point, NC 27265	<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/ LAUREN RUTHERFORD PERRY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LAUREN RUTHERFORD PERRY, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/30/2014 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.			