

1.) CORPORATION NAME:

Oak Ridge Financial Services Inc. (USED IN VA BY:Bank of Oak Ridge)

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

SCC ID NO: **F1912148**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**INCORP SERVICES, INC.
7288 HANOVER GREEN DR
MECHANICSVILLE, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8050 Fogleman Rd.

CITY/ST/ZIP: Oak Ridge, NC 27310

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:	DOUGLAS G BOIKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	8050 FOGLEMAN RD		
CITY/ST/ZIP/CO:	OAK RIDGE, NC 27310		

NAME:	LYNDA J ANDERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8050 FOGLEMAN RD		
CITY/ST/ZIP/CO:	OAK RIDGE, NC 27310		

NAME:	JAMES W HALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8050 FOGLEMAN RD		
CITY/ST/ZIP/CO:	OAK RIDGE, NC 27310		

NAME:	BILLY R KANOY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8050 FOGLEMAN RD		
CITY/ST/ZIP/CO:	OAK RIDGE, NC 27310		

NAME:	JOHN S OLMSTED	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8050 FOGLEMAN RD		
CITY/ST/ZIP/CO:	OAK RIDGE, NC 27310		

NAME:	Manuel L. Perkins	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8050 Fogleman Rd.		
CITY/ST/ZIP/CO:	Oak Ridge, NC 27310		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Stanley N Tennant DIRECTOR 8050 Fogleman Rd. Oak Ridge, NC 27310	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Stephen S Neal DIRECTOR 8050 Fogleman Rd. Oak Ridge, NC 27310	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ronald O Black PRESIDENT 8050 Fogleman Rd. Oak Ridge, NC 27310	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Thomas W Wayne VICE PRESIDENT 8050 Fogleman Rd. Oak Ridge, NC 27310	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	William L Vasaly VICE PRESIDENT 8050 Fogleman Rd. Oak Ridge, NC 27310	<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/ Thomas WWayne SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Thomas WWayne , PRINTED NAME AND CORPORATE TITLE	11/12/2013 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.			