

1.) CORPORATION NAME:

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

DUE DATE: **11/30/2015**

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

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

NAME:	WILLIAM L VASALY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8050 FOGLEMAN RD.		
CITY/ST/ZIP/CO:	OAK RIDGE, NC 27310		

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 TITLE: DIRECTOR ADDRESS: 8050 FOGLEMAN RD CITY/ST/ZIP/CO: OAK RIDGE, NC 27310	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHEN S NEAL TITLE: DIRECTOR ADDRESS: 8050 FOGLEMAN RD. CITY/ST/ZIP/CO: OAK RIDGE, NC 27310	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN S OLMSTED TITLE: DIRECTOR ADDRESS: 8050 FOGLEMAN RD CITY/ST/ZIP/CO: OAK RIDGE, NC 27310	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STANLEY N TENNANT TITLE: DIRECTOR ADDRESS: 8050 FOGLEMAN RD. CITY/ST/ZIP/CO: OAK RIDGE, NC 27310	<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/ THOMAS W WAYNE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS W WAYNE, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	12/11/2015 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.		