

COMMONWEALTH OF VIRGINIA - STATE CORPORATION COMMISSION

CORPORATE ID.
0250284-7

ANNUAL REPORT

REPORT DATE 0 9 3 2 3 0 6 4 8
1993

DO NOT WRITE IN SHADED AREAS. INSTRUCTIONS ON BACK OF THIS FORM.

1 CORPORATE NAME: VIRGINIA NATIONAL BANKSHARES, INC.

2 STATE OF VIRGINIA
3 CITY OR COUNTY (IF DIFFERENT FROM THE REGISTERED OFFICE):
RICHMOND CITY

3 REGISTERED AGENT:
DAVID L. NORTON
NATIONSBANK CENTER, 24TH FL.
1111 E. MAIN STREET
RICHMOND, VA 23219

ATTORNEY

IF REGISTERED AGENT OR OFFICE ADDRESS HAS CHANGED, PLEASE CHECK THIS BOX.
APPROPRIATE FORM WILL BE SENT

INSTRUCTIONS FOR FILLING OUT THE ANNUAL REPORT ARE ON THE REVERSE SIDE OF THIS FORM.

↓ CHANGES/ADDITIONS ↓

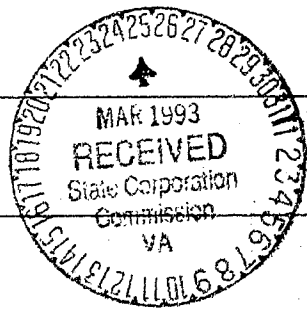
USE THE AREA BELOW TO WRITE CORRECTIONS.
PLEASE TYPE OR PRINT USING BLACK INK.

5 STOCK INFORMATION	CLASS COMMON	AUTHORIZED 1,000	CLASS	AUTHORIZED
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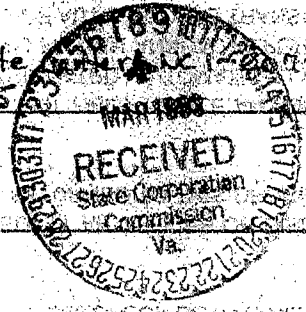
6 ADDRESS OF THE CORPORATION'S PRINCIPAL OFFICE
ONE COMMERCIAL PL
NORFOLK, VA 23510

6 ADDRESS OF THE CORPORATION'S PRINCIPAL OFFICE

7 PRINCIPAL OFFICERS AND DIRECTORS		DELETE	OFFICER	DIRECTOR
NAME 1.	GEORGE R WALLS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE	PRES/SEC			
ADDRESS	ONE COMMERCIAL PLACE			
CITY-ST-ZIP	NORFOLK VA 23510			
NAME 2.	ELLEN B POLLACK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	TREASURER			
ADDRESS	34 PEACHTREE ST			
CITY-ST-ZIP	ATLANTA GA			
NAME 3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE				
ADDRESS				
CITY-ST-ZIP				
NAME 4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE				
ADDRESS				
CITY-ST-ZIP				
NAME 5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE				
ADDRESS				
CITY-ST-ZIP				
NAME 6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE				
ADDRESS				
CITY-ST-ZIP				



7 PRINCIPAL OFFICERS AND DIRECTORS		CHANGES/ADDITIONS	OFFICER	DIRECTOR
NAME 1.	George R. Walls		<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	Secretary			
ADDRESS	NationsBank Corporate Center, NC1-207-20-01			
CITY-ST-ZIP	Charlotte, NC 28255			
NAME 2.	Ellen Pollack		<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	Treasurer			
ADDRESS	NationsBank Plaza, 14th Floor, 600 Peachtree St.			
CITY-ST-ZIP	Atlanta, GA. 30308			
NAME 3.	John E. Mack		<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE	Director			
ADDRESS	NationsBank Corporate Center, NC1-207-11-04			
CITY-ST-ZIP	Charlotte, NC 28255			
NAME 4.			<input type="checkbox"/>	<input type="checkbox"/>
TITLE				
ADDRESS				
CITY-ST-ZIP				
NAME 5.			<input type="checkbox"/>	<input type="checkbox"/>
TITLE				
ADDRESS				
CITY-ST-ZIP				
NAME 6.			<input type="checkbox"/>	<input type="checkbox"/>
TITLE				
ADDRESS				
CITY-ST-ZIP				



I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND THAT NONE OF IT IS FALSE IN ANY MATERIAL RESPECT.

SIGNED [Signature] TITLE Secretary DATE 3/5/93 PRINTED NAME George R Walls

THIS REPORT MUST BE SIGNED BY ANY OFFICER OR DIRECTOR LISTED ON THIS FORM.