FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V72516 (0)

1. Corporation Name
MVB FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 720857 SUITE 1212 ORLANDO FL 32872-0857 US	P.O. BOX 720857 SUITE 1212 ORLANDO FL 32872-0857 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1992
3a. Date of Last Report: 08/23/1994

2. Principal Place of Business
21 P.O. Box 720857
22 Suite, Apt. #, etc. None
23 City & State: Orlando, FL
24 Zip: 32872-0857 25 Country: US

2a. Mailing Address
26 P.O. Box 720857
27 Suite, Apt. #, etc. None
28 City & State: Orlando, FL
29 Zip: 32872-0857 30 Country: US

4. FEI Number: 59-3147491 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARLISLE, RONALD W.
2731 SILVER STAR RD
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name: Veronique Becker
82 Street Address (P.O. Box Number is Not Acceptable): 2732 Rio Pinar Lakes BLVD
83
84 City: Orlando FL 85 Zip Code: 32822

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Veronique L. Becker 4-25-95
(Signature of, and typed or printed name of, registered agent and title if agent is an officer) (DATE) (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DS ☒ Change ☐ Addition
NAME	BECKER, VERONIQUE	12 NAME	Michael S. Becker
STREET ADDRESS	800 N MAGNOLIA ST	13 STREET ADDRESS	2732 Rio Pinar Lakes BLVD
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	Orlando, FL. 32822
TITLE	DS	21 TITLE	DT ☐ Change ☒ Addition
NAME	CARLISLE, RONALD W.	22 NAME	Michael S. Becker
STREET ADDRESS	2731 SILVER STAR RD	23 STREET ADDRESS	2732 Rio Pinar Lakes BLVD,
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	Orlando, FL 32822
Delete			
TITLE		31 TITLE	DP ☒ Change ☐ Addition
NAME		32 NAME	Veronique Becker
STREET ADDRESS		33 STREET ADDRESS	2732 Rio Pinar Lakes BLVD
CITY ST ZIP		34 CITY ST ZIP	Orlando, FL. 32822
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

AB 6/12

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Veronique L. Becker 4-25-95 407-299-2703
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0410560 FP