

STATE OF OHIO
DEPARTMENT OF COMMERCE
DIVISION OF FINANCIAL INSTITUTIONS

DIRECTORS OF BANK

(Name of Bank)

(Address)

Phone: _____

Fax: _____

E-Mail: _____

Name of Director	Primary Occupation and Name of Business	Home Mailing Address (Number and Street, City, State, Zip Code)	Date of Election and Term of Office
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Date of Annual Meeting of Shareholders _____