

1.) CORPORATION NAME:

Bank of McKenney

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

**WILLIAM D. ALLEN, III
13927 BOYDTON PLANK RD.
PO BOX 366**

SCC ID NO: **00028290**

DINWIDDIE, VA 23841

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,250,000
PREFER	460,000
PREFA	40,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

DINWIDDIE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 370

CITY/ST/ZIP: MCKENNEY, VA 23872-

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: WILLIAM D ALLEN III
TITLE: CHAIRMAN
ADDRESS: PO BOX 366
CITY/ST/ZIP/CO: DINWIDDIE, VA 23841-

OFFICER DIRECTOR

NAME: JOSEPH W. LYLE
TITLE: DIRECTOR
ADDRESS: PO BOX 342
CITY/ST/ZIP/CO: DINWIDDIE, VA 23841-0342

OFFICER DIRECTOR

NAME: JAMES B NEVILLE JR
TITLE: EVP/CFO
ADDRESS: 10402 SCOTTS RD
CITY/ST/ZIP/CO: DEWITT, VA 23840-

OFFICER DIRECTOR

NAME: LYNDA P CUNNINGHAM
TITLE: SENIOR VP/COO
ADDRESS: 15616 BOYDTON PLANK ROAD
CITY/ST/ZIP/CO: DINWIDDIE, VA 23841-

OFFICER DIRECTOR

NAME: EDWARD B TITMUS
TITLE: DIRECTOR
ADDRESS: PO BOX 10
CITY/ST/ZIP/CO: SUTHERLAND, VA 23885-

OFFICER DIRECTOR

NAME: HARRY D BAIRD III TITLE: DIRECTOR ADDRESS: 3200 LONGHORN DRIVE CITY/ST/ZIP/CO: COLONIAL HEIGHTS, VA 23834-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RUDY L HAWKINS TITLE: DIRECTOR ADDRESS: PO BOX 3930 CITY/ST/ZIP/CO: CHESTER, VA 23831-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOAN D CLARKE TITLE: DIRECTOR ADDRESS: 1713 WALTHALL CREEK DRIVE CITY/ST/ZIP/CO: COLONIAL HEIGHTS, VA 23834-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LOUIS J BLAHA JR. TITLE: DIRECTOR ADDRESS: 3243 LONGHORN DRIVE CITY/ST/ZIP/CO: COLONIAL HEIGHTS, VA 23834-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS F EDMUNDS III TITLE: DIRECTOR ADDRESS: 8507 MCKENNEY HIGHWAY CITY/ST/ZIP/CO: MCKENNEY, VA 23872-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES S DEADMON TITLE: DIRECTOR ADDRESS: 16304 SOUTH CRATER ROAD CITY/ST/ZIP/CO: PETERSBURG, VA 23805-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD M LILES TITLE: PRESIDENT/CEO ADDRESS: 16107 EPPES ROAD CITY/ST/ZIP/CO: DEWITT, VA 23840-	<input checked="" 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/ RICHARD M LILES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD M LILES, PRESIDENT/CEO PRINTED NAME AND CORPORATE TITLE
3/15/2012 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.	