

1.) CORPORATION NAME:

**Bank of McKenney**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**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:	RICHARD M LILES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/CEO		
ADDRESS:	16107 EPPES ROAD		
CITY/ST/ZIP/CO:	DEWITT, VA 23840		

NAME:	LYNDA P CUNNINGHAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP/COO		
ADDRESS:	15616 BOYDTON PLANK ROAD		
CITY/ST/ZIP/CO:	DINWIDDIE, VA 23841		

NAME:	JAMES B NEVILLE JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/CFO		
ADDRESS:	10402 SCOTTS RD		
CITY/ST/ZIP/CO:	DEWITT, VA 23840		

NAME:	WILLIAM D ALLEN III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	PO BOX 366		
CITY/ST/ZIP/CO:	DINWIDDIE, VA 23841		

NAME:	HARRY D BAIRD III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3200 LONGHORN DRIVE		
CITY/ST/ZIP/CO:	COLONIAL HEIGHTS, VA 23834		

NAME:	LOUIS J BLAHA JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3243 LONGHORN DRIVE		
CITY/ST/ZIP/CO:	COLONIAL HEIGHTS, VA 23834		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOAN D CLARKE DIRECTOR 1713 WALTHALL CREEK DRIVE COLONIAL HEIGHTS, VA 23834	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES S DEADMON DIRECTOR 16304 SOUTH CRATER ROAD PETERSBURG, VA 23805	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS F EDMUNDS III DIRECTOR 8507 MCKENNEY HIGHWAY MCKENNEY, VA 23872	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RUDY L HAWKINS DIRECTOR PO BOX 3930 CHESTER, VA 23831	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH W. LYLE DIRECTOR PO BOX 342 DINWIDDIE, VA 23841-0342	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD B TITMUS DIRECTOR PO BOX 10 SUTHERLAND, VA 23885	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK H STEVENS FVP/CREDIT OFCR 1860 WESTOVER AVENUE PETERSBURG, VA 23805	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHELLE STONE FITCH FVP/OPERATIONS 112 HANOVER AVENUE COLONIAL HEIGHTS, VA 23834	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WENDY W STEVENS FVP/BUS DVLPMNT 1860 WESTOVER AVENUE PETERSBURG, VA 23805	<input checked="" type="checkbox"/> OFFICER	<input 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	3/13/2013 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.			