

1.) CORPORATION NAME:

C&F Financial Corporation

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES H HUDSON III
826 MAIN ST
WEST POINT, VA 23181**

SCC ID NO: **04126322**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	8,000,000
PREFER	2,980,000
CUMPA	20,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

KING WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8TH & MAIN STS
PO BOX 391

CITY/ST/ZIP: WEST POINT, VA 23181

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LARRY G DILLON	
TITLE:	PRES/CEO	
ADDRESS:	PO BOX 391	
CITY/ST/ZIP/CO:	WEST POINT, VA 23181	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	THOMAS F CHERRY	
TITLE:	EVP/CFO	
ADDRESS:	106 TAYLOE CIRCLE	
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	J P CAUSEY JR	
TITLE:	DIRECTOR	
ADDRESS:	BOX 589	
CITY/ST/ZIP/CO:	WEST POINT, VA 23181	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BARRY R CHERNACK	
TITLE:	DIRECTOR	
ADDRESS:	100 W LANDING	
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185-8255	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	AUDREY D HOLMES	
TITLE:	DIRECTOR	
ADDRESS:	119 WEST WILLIAMSBURG RD	
CITY/ST/ZIP/CO:	PO BOX 468 SANDSTON, VA 23150	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES H HUDSON III	
TITLE:	DIRECTOR	
ADDRESS:	PO BOX 766	
CITY/ST/ZIP/CO:	WEST POINT, VA 23181	

NAME: JOSHUA H LAWSON TITLE: DIRECTOR ADDRESS: PO BOX 15 CITY/ST/ZIP/CO: WEST POINT, VA 23181	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES ELLIS OLSSON TITLE: DIRECTOR ADDRESS: 4170 TANAGER COURT CITY/ST/ZIP/CO: WEST POINT, VA 23181	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL C ROBINSON TITLE: DIRECTOR ADDRESS: 9411 POCAHONTAS TRAIL CITY/ST/ZIP/CO: PO BOX 25 PROVIDENCE FORGE, VA 23140	<input 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/ THOMAS F CHERRY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS F CHERRY, EVP/CFO PRINTED NAME AND CORPORATE TITLE	7/3/2012 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.		