

1.) CORPORATION NAME:

**CITIZENS AND FARMERS BANK**

DUE DATE: **8/31/2011**

SCC ID NO: **04142469**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**JAMES H. HUDSON, III**

**826 Main Street**

**West Point, VA 23181**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**KING WILLIAM COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8TH AND MAIN STREETS  
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:	P/CEO			
ADDRESS:	P O 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:	JAMES H HUDSON III			
TITLE:	DIRECTOR			
ADDRESS:	P O BOX 766			
CITY/ST/ZIP/CO:	WEST POINT, VA 23181-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JOSHUA H LAWSON			
TITLE:	DIRECTOR			
ADDRESS:	P O BOX 15			
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:	P O BOX 25 PROVIDENCE FORGE, VA 23140-			

NAME: J P CAUSEY JR TITLE: DIRECTOR ADDRESS: P O BOX 1701 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 WEST LANDING CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23185-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BRYAN E MCKERNON TITLE: DIRECTOR ADDRESS: 1400 ALVERSER DRIVE CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: AUDREY D HOLMES TITLE: DIRECTOR ADDRESS: 119 W WILLIAMSBURG ROAD P O. BOX 468 CITY/ST/ZIP/CO: SANDSTON, VA 23150-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHARLES ELIS OLSSON TITLE: DIRECTOR ADDRESS: 4170 TANAGER COURT CITY/ST/ZIP/CO: WEST POINT, VA 23181-	<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.		
<u>/s/ THOMAS F CHERRY</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>THOMAS F CHERRY, EVP/CFO</u> PRINTED NAME AND CORPORATE TITLE	<u>8/1/2011</u> 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.		