

1.) CORPORATION NAME:

**CITIZENS AND FARMERS BANK**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES H. HUDSON, III  
826 Main Street  
West Point, VA 23181**

SCC ID NO: **04142469**

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.

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

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

NAME:	J P CAUSEY JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 1701		
CITY/ST/ZIP/CO:	WEST POINT, VA 23181		

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

NAME:	AUDREY D HOLMES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	119 W WILLIAMSBURG ROAD		
CITY/ST/ZIP/CO:	P O. BOX 468 SANDSTON, VA 23150		

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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSHUA H LAWSON DIRECTOR P O BOX 15 WEST POINT, VA 23181	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRYAN E MCKERNON DIRECTOR 1400 ALVERSER DRIVE MIDLOTHIAN, VA 23113	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES ELIS OLSSON DIRECTOR 4170 TANAGER COURT WEST POINT, VA 23181	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL C ROBINSON DIRECTOR 9411 POCAHONTAS TRAIL P O 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/SECY PRINTED NAME AND CORPORATE TITLE	8/22/2012 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.			