

1.) CORPORATION NAME:

SELECT BANK

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

WAYNE A WHITHAM JR

200 SOUTH 10TH STREET, SUITE 1600

P.O. BOX 1320

RICHMOND, VA 23218-1320

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **5/31/2011**

SCC ID NO: **06576714**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
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| COMMON | 20,000,000 |
| PREF | 5,000,000 |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 211 GRISTMILL DR

CITY/ST/ZIP: FOREST, VA 24551-

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.

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| <p>NAME: F F FALLS TITLE: SR VP ADDRESS: P O BOX 4620 CITY/ST/ZIP/CO: LYNCHBURG, VA 24502-</p> | <p><input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR</p> |
| <p>NAME: J MICHAEL THOMAS TITLE: CEO ADDRESS: P O BOX 4620 CITY/ST/ZIP/CO: LYNCHBURG, VA 24502-</p> | <p><input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR</p> |
| <p>NAME: WAYNE L CARPENTER TITLE: DIRECTOR ADDRESS: P O BOX 4620 CITY/ST/ZIP/CO: LYNCHBURG, VA 24502-</p> | <p><input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR</p> |
| <p>NAME: SHERRI A SACKETT TITLE: SECRETARY ADDRESS: P O BOX 4620 CITY/ST/ZIP/CO: LYNCHBURG, VA 24502-</p> | <p><input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR</p> |
| <p>NAME: T CLAY DAVIS TITLE: PRESIDENT ADDRESS: P O BOX 4620 CITY/ST/ZIP/CO: LYNCHBURG, VA 24502-</p> | <p><input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR</p> |

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| NAME: DANIEL P THORNTON TITLE: DIRECTOR ADDRESS: PO BOX 4620 CITY/ST/ZIP/CO: LYNCHBURG, VA 24502- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JENNIPHER B LUCADO TITLE: DIRECTOR ADDRESS: PO BOX 4620 CITY/ST/ZIP/CO: LYNCHBURG, VA 24502- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: HERSCHEL V KELLER TITLE: DIRECTOR ADDRESS: PO BOX 4620 CITY/ST/ZIP/CO: LYNCHBURG, VA 24502- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: CLAUDE LETCHER NEWCOMB II TITLE: DIRECTOR ADDRESS: PO BOX 4620 CITY/ST/ZIP/CO: LYNCHBURG, VA 24502- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ROBERT K PEARSON JR TITLE: DIRECTOR ADDRESS: PO BOX 4620 CITY/ST/ZIP/CO: LYNCHBURG, VA 24502- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: M RALPH WILKES TITLE: DIRECTOR ADDRESS: PO BOX 4620 CITY/ST/ZIP/CO: LYNCHBURG, VA 24502- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: LARRY H REDMOND TITLE: DIRECTOR ADDRESS: PO BOX 4620 CITY/ST/ZIP/CO: LYNCHBURG, VA 24502- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: T SCOTT GARRETT TITLE: DIRECTOR ADDRESS: PO BOX 4620 CITY/ST/ZIP/CO: LYNCHBURG, VA 24502- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ALAN W PETTIGREW TITLE: DIRECTOR ADDRESS: PO BOX 4620 CITY/ST/ZIP/CO: LYNCHBURG, VA 24502- | <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.

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|---|----------------------------------|-----------|
| /s/ SHERRI A SACKETT | SHERRI A SACKETT, SECRETARY | 4/13/2011 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | 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.