

1.) CORPORATION NAME:

SELECT BANK

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**HERSCHEL V KELLER
725 CHURCH ST STE 1200
PO BOX 1080**

LYNCHBURG, VA 24505

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **5/31/2012**

SCC ID NO: **06576714**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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.

NAME: T CLAY DAVIS TITLE: PRESIDENT ADDRESS: P O BOX 4620 CITY/ST/ZIP/CO: LYNCHBURG, VA 24502	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: F F FALLS TITLE: SR VP ADDRESS: P O BOX 4620 CITY/ST/ZIP/CO: LYNCHBURG, VA 24502	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SHERRI A SACKETT TITLE: SECRETARY ADDRESS: P O BOX 4620 CITY/ST/ZIP/CO: LYNCHBURG, VA 24502	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: J MICHAEL THOMAS TITLE: CEO ADDRESS: P O BOX 4620 CITY/ST/ZIP/CO: LYNCHBURG, VA 24502	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WAYNE L CARPENTER TITLE: DIRECTOR ADDRESS: P O 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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HERSCHEL V KELLER DIRECTOR PO BOX 4620 LYNCHBURG, VA 24502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIPHER B LUCADO DIRECTOR PO BOX 4620 LYNCHBURG, VA 24502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLAUDE LETCHER NEWCOMB II DIRECTOR PO BOX 4620 LYNCHBURG, VA 24502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT K PEARSON JR DIRECTOR PO BOX 4620 LYNCHBURG, VA 24502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN W PETTIGREW DIRECTOR PO BOX 4620 LYNCHBURG, VA 24502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY H REDMOND DIRECTOR PO BOX 4620 LYNCHBURG, VA 24502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL P THORNTON DIRECTOR PO BOX 4620 LYNCHBURG, VA 24502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M RALPH WILKES DIRECTOR PO BOX 4620 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.

/s/ SHERRI A SACKETT	SHERRI A SACKETT, SECRETARY	5/2/2012
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.