

1.) CORPORATION NAME:

Franklin Financial Corporation

DUE DATE: **12/31/2011**

SCC ID NO: **07305691**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
RICHARD T WHEELER JR
4501 COX ROAD
GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	75,000,000
PREFER	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4501 COX ROAD

CITY/ST/ZIP: GLEN ALLEN, VA 23060-

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: RICHARD T WHEELER, JR.
TITLE: COB/Pres/CEO
ADDRESS: 4501 COX RD.
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-

OFFICER

DIRECTOR

NAME: STEVEN R. LOHR
TITLE: VICE PRESIDENT
ADDRESS: 4501 COX RD.
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-

OFFICER

DIRECTOR

NAME: BARRY R. SHENTON
TITLE: VICE PRESIDENT
ADDRESS: 4501 COX RD.
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-

OFFICER

DIRECTOR

NAME: DONALD F. MARKER
TITLE: VP/CFO/Sec/Trea
ADDRESS: 4501 COX RD.
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-

OFFICER

DIRECTOR

NAME: ALICE W. STEWART
TITLE: ASST SECRETARY
ADDRESS: 4501 COX RD.
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-

OFFICER

DIRECTOR

NAME: P. BARRETT WHEELER TITLE: ASST TREASURER ADDRESS: 4501 COX RD. CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: HUGH T. HARRISON II TITLE: DIRECTOR ADDRESS: 4501 COX RD. CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: L. GERALD ROACH TITLE: DIRECTOR ADDRESS: 4501 COX RD. CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ELIZABETH W. ROBERTSON TITLE: DIRECTOR ADDRESS: 4501 COX RD. CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE L. SCOTT TITLE: DIRECTOR ADDRESS: 4501 COX RD. CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD W. WILTSHIRE, JR. TITLE: DIRECTOR ADDRESS: 4501 COX RD. CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PERCY WOOTTON, MD TITLE: DIRECTOR ADDRESS: 4501 COX RD. CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-	<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/ RICHARD T WHEELER, JR. _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD T WHEELER, JR., _____ COB/Pres/CEO PRINTED NAME AND CORPORATE TITLE
10/27/2011 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.	