

1.) CORPORATION NAME:

**SMALLWOOD, REYNOLDS, STEWART, STEWART &  
ASSOCIATES, INC.**

DUE DATE: **12/30/2010**

SCC ID NO: **F0439762**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**GA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: BUILDING 12 SUITE 100  
750 HAMMOND DRIVE

CITY/ST/ZIP: ATLANTA, GA 30328-

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: HOWARD H. STEWART  
TITLE: COB/PRES/TREAS  
ADDRESS: ONE PIEDMONT CENTER, STE 303  
3565 PIEDMONT RD  
CITY/ST/ZIP/CO: ATLANTA, GA 30305-

OFFICER

DIRECTOR

NAME: ROY GILMAN GARRISON  
TITLE: DIRECTOR/SVP  
ADDRESS: ONE PIEDMONT CENTER, STE 303  
3565 PIEDMONT ROAD  
CITY/ST/ZIP/CO: ATLANTA, GA 30305-

OFFICER

DIRECTOR

NAME: CHARLES G. HULL  
TITLE: DIRECTOR/SVP  
ADDRESS: ONE PIEDMONT CENTER, STE 303  
3565 PIEDMONT ROAD  
CITY/ST/ZIP/CO: ATLANTA, GA 30305-

OFFICER

DIRECTOR

NAME: WILLIAM D. REYNOLDS  
TITLE: DIR/EVP/SECY  
ADDRESS: ONE PIEDMONT CENTER, STE 303  
3565 PIEDMONT RD  
CITY/ST/ZIP/CO: ATLANTA, GA 30305-

OFFICER

DIRECTOR

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	J. CRAIG NIXON	
TITLE:	DIRECTOR/VP	
ADDRESS:	ONE PIEDMONT CENTER, STE 303 3565 PIEDMONT ROAD	
CITY/ST/ZIP/CO:	ATLANTA, GA 30305-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KELLER SMITH	
TITLE:	DIRECTOR/VP	
ADDRESS:	ONE PIEDMONT CENTER, STE 303 3565 PIEDMONT ROAD	
CITY/ST/ZIP/CO:	ATLANTA, GA 30305-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL F. BENNING	
TITLE:	DIRECTOR/VP	
ADDRESS:	ONE PIEDMONT CENTER, STE 303 3565 PIEDMONT ROAD	
CITY/ST/ZIP/CO:	ATLANTA, GA 30305-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GARY E. GREENE	
TITLE:	DIRECTOR/VP	
ADDRESS:	ONE PIEDMONT CENTER, STE 303 3565 PIEDMONT ROAD	
CITY/ST/ZIP/CO:	ATLANTA, GA 30305-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL G. SMITH	
TITLE:	DIRECTOR/VP	
ADDRESS:	ONE PIEDMONT CENTER, STE 303 3565 PIEDMONT ROAD	
CITY/ST/ZIP/CO:	ATLANTA, GA 30305-	

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/ HOWARD H. STEWART	HOWARD H. STEWART, COB/PRES/TREAS	12/8/2010
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.