

1.) CORPORATION NAME:

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

DUE DATE: **12/31/2012**

SCC ID NO: **F0439762**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COB/PRESIDENT		
ADDRESS:	ONE PIEDMONT CENTER, STE 303		
CITY/ST/ZIP/CO:	3565 PIEDMONT RD ATLANTA, GA 30305		
NAME:	MICHAEL F. BENNING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR/VP		
ADDRESS:	ONE PIEDMONT CENTER, STE 303		
CITY/ST/ZIP/CO:	3565 PIEDMONT ROAD ATLANTA, GA 30305		
NAME:	GARY E. GREENE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR/VP		
ADDRESS:	ONE PIEDMONT CENTER, STE 303		
CITY/ST/ZIP/CO:	3565 PIEDMONT ROAD ATLANTA, GA 30305		
NAME:	J. CRAIG NIXON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR/VP		
ADDRESS:	ONE PIEDMONT CENTER, STE 303		
CITY/ST/ZIP/CO:	3565 PIEDMONT ROAD ATLANTA, GA 30305		
NAME:	KELLER SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR/VP		
ADDRESS:	ONE PIEDMONT CENTER, STE 303		
CITY/ST/ZIP/CO:	3565 PIEDMONT ROAD ATLANTA, GA 30305		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROY GILMAN GARRISON DIRECTOR/SVP ONE PIEDMONT CENTER, STE 303 3565 PIEDMONT ROAD ATLANTA, GA 30305	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES G. HULL DIRECTOR/SVP ONE PIEDMONT CENTER, STE 303 3565 PIEDMONT ROAD ATLANTA, GA 30305	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL G. MURPHY DIRECTOR/VP ONE PIEDMONT CENTER, STE 303 3565 PIEDMONT ROAD ATLANTA, GA 30305	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM D. REYNOLDS DIRECTOR/EVP ONE PIEDMONT CENTER, STE 303 3565 PIEDMONT ROAD ATLANTA, GA 30305	<input checked="" 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/ HOWARD H. STEWART SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HOWARD H. STEWART, COB/PRESIDENT PRINTED NAME AND CORPORATE TITLE	12/14/2012 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.			