

1.) CORPORATION NAME:

Renfro Corporation

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0536070**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 661 LINVILLE ROAD

CITY/ST/ZIP: MOUNT AIRY, NC 27030

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.

<p>NAME: ANDREW KILBY JR TITLE: P/CEO ADDRESS: PO BOX 908 CITY/ST/ZIP/CO: MT AIRY, NC 27030</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MIKE BOWMAN TITLE: EXEC VP ADDRESS: PO BOX 908 CITY/ST/ZIP/CO: MT AIRY, NC 27030</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DAVID DINKINS TITLE: EXEC VP/CFO ADDRESS: PO BOX 908 CITY/ST/ZIP/CO: MT AIRY, NC 27030</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CHARLIE NICHOLS TITLE: EXEC VP ADDRESS: PO BOX 908 CITY/ST/ZIP/CO: MT AIRY, NC 27030</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: WARREN NICHOLS TITLE: CHAIRMAN ADDRESS: PO BOX 908 CITY/ST/ZIP/CO: MT AIRY, NC 27030</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: SUSAN C BEVARD TITLE: SR. VP., CONTROLLER & ASST SEC ADDRESS: P.O. BOX 908 CITY/ST/ZIP/CO: MOUNT AIRY, NC 27030</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: HAROLD STONE TITLE: SR. VP, CORPORATE MARKETING & ASST SEC ADDRESS: P.O. BOX 908 CITY/ST/ZIP/CO: MOUNT AIRY, NC 27030	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: CHRISTOPHER L COLLINS TITLE: DIRECTOR ADDRESS: P.O. BOX 908 CITY/ST/ZIP/CO: MOUNT AIRY, NC 27030	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: THOMAS R WALL, IV TITLE: DIRECTOR ADDRESS: P.O. BOX 908 CITY/ST/ZIP/CO: MOUNT AIRY, NC 27030	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DAVID I WAHRHAFTIG TITLE: DIRECTOR ADDRESS: P.O. BOX 908 CITY/ST/ZIP/CO: MOUNT AIRY, NC 27030	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ERNEST R LAIL TITLE: DIRECTOR ADDRESS: P.O. BOX 908 CITY/ST/ZIP/CO: MOUNT AIRY, NC 27030	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHARLES J HINCATY TITLE: DIRECTOR ADDRESS: P.O. BOX 908 CITY/ST/ZIP/CO: MOUNT AIRY, NC 27030	<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/ SUSAN CBEVARD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SUSAN CBEVARD, PRINTED NAME AND CORPORATE TITLE	3/27/2012 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.		