

1.) CORPORATION NAME:

Surrey Bank & Trust

DUE DATE: **9/30/2010**

SCC ID NO: **F1440769**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
MARTIN F CLARK
303 SOUTH MAIN ST
STUART, VA 24171**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMM	5,000,000
PREFER	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PATRICK COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 145 N RENFRO ST

CITY/ST/ZIP: MT 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.

NAME: BUDDY E WILLIAMS
TITLE: DIRECTOR
ADDRESS: 145 N RENFRO STREET
CITY/ST/ZIP/CO: MT AIRY, NC 27030-

OFFICER DIRECTOR

NAME: ELIZABETH JOHNSON LOVILL
TITLE: DIRECTOR
ADDRESS: 145 N RENFRO STREET
CITY/ST/ZIP/CO: MOUNT AIRY, NC 27030-

OFFICER DIRECTOR

NAME: EUGENE REES
TITLE: DIRECTOR
ADDRESS: 145 N RENFRO STREET
CITY/ST/ZIP/CO: MOUNT AIRY, NC 27030-

OFFICER DIRECTOR

NAME: TOM WEBB
TITLE: DIRECTOR
ADDRESS: 145 N RENFRO STREET
CITY/ST/ZIP/CO: MOUNT AIRY, NC 27030-

OFFICER DIRECTOR

NAME: HYLTON WRIGHT
TITLE: CHAIRMAN
ADDRESS: 145 N RENFRO STREET
CITY/ST/ZIP/CO: MOUNT AIRY, NC 27030-

OFFICER DIRECTOR

NAME: WILLIAM A JOHNSON TITLE: DIRECTOR ADDRESS: 145 N RENFRO STREET CITY/ST/ZIP/CO: MT AIRY, NC 27030-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT MOODY TITLE: VICE CHAIRMAN ADDRESS: 145 N RENFRO ST CITY/ST/ZIP/CO: MT AIRY, NC 27030-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BRENDA HARDING TITLE: Sr. VP and COO ADDRESS: 145 N RENFRO STREET CITY/ST/ZIP/CO: MOUNT AIRY, NC 27030-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: EDWARD C ASHBY III TITLE: President & CEO ADDRESS: 145 N RENFRO ST CITY/ST/ZIP/CO: MT AIRY, NC 27030-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARK TOWE TITLE: SR VP and CFO ADDRESS: 145 N RENFRO STREET CITY/ST/ZIP/CO: MT AIRY, NC 27030-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: PETER A PEQUENO TITLE: Sr. VP and CLO ADDRESS: 145 NORTH RENFRO STREET CITY/ST/ZIP/CO: MOUNT AIRY, NC 27030-	<input checked="" type="checkbox"/> OFFICER <input 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/ MARK TOWE _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARK TOWE, SR VP and CFO _____ PRINTED NAME AND CORPORATE TITLE
8/4/2010 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.	