

1.) CORPORATION NAME:

Surrey Bank & Trust

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BRIAN J JESSUP CPA PLC
125 N MAIN ST
STUART, VA**

SCC ID NO: **F1440769**

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.

<p>NAME: EDWARD C ASHBY III TITLE: PRESIDENT & CEO ADDRESS: 145 N RENFRO ST CITY/ST/ZIP/CO: MT AIRY, NC 27030</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PETER A PEQUENO TITLE: SR VP/ CLO ADDRESS: 145 NORTH RENFRO STREET CITY/ST/ZIP/CO: MOUNT AIRY, NC 27030</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MARK TOWE TITLE: SR VP/CFO ADDRESS: 145 N RENFRO STREET CITY/ST/ZIP/CO: MT AIRY, NC 27030</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ROBERT MOODY TITLE: CHAIRMAN ADDRESS: 145 N RENFRO ST CITY/ST/ZIP/CO: MT AIRY, NC 27030</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ELIZABETH JOHNSON LOVILL TITLE: DIRECTOR ADDRESS: 145 N RENFRO STREET CITY/ST/ZIP/CO: MOUNT AIRY, NC 27030</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: EUGENE REES TITLE: VICE CHAIRMAN ADDRESS: 145 N RENFRO STREET CITY/ST/ZIP/CO: MOUNT AIRY, NC 27030</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TOM WEBB TITLE: DIRECTOR ADDRESS: 145 N RENFRO STREET CITY/ST/ZIP/CO: MOUNT AIRY, NC 27030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BUDDY E WILLIAMS 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: Tamra Wright Thomas TITLE: DIRECTOR ADDRESS: 145 North Renfro Street CITY/ST/ZIP/CO: Mount Airy, NC 27030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Linda Owen TITLE: SECRETARY 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	MARK TOWE, SR VP/CFO	8/29/2013
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.		