

1.) CORPORATION NAME:

**Southern Bank and Trust Company**

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SCOTT H RICHTER  
LECLAIR RYAN A PROFESSIONAL CORPORATION  
951 E BYRD STREET 8TH FL**

SCC ID NO: **F1875170**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	166,360

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 116 E MAIN ST

CITY/ST/ZIP: MOUNT OLIVE, NC 28365

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:	DREW M COVERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES/COO		
ADDRESS:	116 E MAIN ST		
CITY/ST/ZIP/CO:	MOUNT OLIVE, NC 28365		

NAME:	DAVID A BEAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP/SEC/TRE		
ADDRESS:	116 E MAIN ST		
CITY/ST/ZIP/CO:	MOUNT OLIVE, NC 28365		

NAME:	MICHAEL T BRYANT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	224 S FRANKLIN ST		
CITY/ST/ZIP/CO:	ROCKY MOUNT, NC 27802		

NAME:	J. GREY MORGAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	116 E MAIN ST		
CITY/ST/ZIP/CO:	MOUNT OLIVE, NC 28365		

NAME:	Dan R. Ellis	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO / Exec VP		
ADDRESS:	116 East Main St		
CITY/ST/ZIP/CO:	Mount Olive, NC 28365		

NAME:	Bynum R Brown	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	116 East Main St		
CITY/ST/ZIP/CO:	Mount Olive, NC 28365		

NAME: William H. Bryan TITLE: DIRECTOR ADDRESS: 116 East Main St CITY/ST/ZIP/CO: Mount Olive, NC 28365	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Hope H Connell TITLE: DIRECTOR ADDRESS: 116 East Main St CITY/ST/ZIP/CO: Mount Olive, VA 28365	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: J Edwin Drew TITLE: DIRECTOR ADDRESS: 116 East Main St CITY/ST/ZIP/CO: Mount Olive, NC 28365	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: G Rouse Ivey TITLE: DIRECTOR ADDRESS: 116 East Main St CITY/ST/ZIP/CO: Mount Olive, NC 28365	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: M J McSorley TITLE: DIRECTOR ADDRESS: 116 East Main St CITY/ST/ZIP/CO: Mount Olive, NC 28365	<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/ DAVID A BEAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID A BEAN, EXEC VP/SEC/TRE PRINTED NAME AND CORPORATE TITLE	8/16/2012 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.		