2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001475

Entity Name: C & F MORTGAGE CORPORATION

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
	RSER DRIVE N, VA 23113					
Current Mailing Address:			New Mailing Address:			
	RSER DRIVE NN, VA 23113					
FEI Number:	54-1773964	FEI Number Applied For () FEI Nu	ımber Not Appl	plicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATUR	E:					
	Electroni	c Signature of Registered Agent		Date	-	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO	RS:	
Title: Name: Address: City-St-Zip:	PCEO () MCKERNON, BF 1400 ALVERSUI MIDLOTHIAN, V	E DRIVE	Title: Name: Address: City-St-Zip:	PCEO (X) Change () Addition MCKERNON, BRYAN E 1400 ALVERSER DRIVE MIDLOTHIAN, VA 23113		
Title: Name: Address: City-St-Zip:	EV () FOX, MARK A 1400 ALVERSUI MIDLOTHIAN, V		Title: Name: Address: City-St-Zip:	EVP (X) Change () Addition FOX, MARK A 1400 ALVERSER DRIVE MIDLOTHIAN, VA 23113		
Title: Name: Address: City-St-Zip:	C () DILLON, LARRY 1002 KIRBY STI WEST POINT, V	REET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () CAUSEY, J.P. 3 1ST AND LEE S WEST POINT, V	TREETS	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SD () HUDSON, JAME 840 RIVER ROA WEST POINT, V	D	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () O'CONNELL, W 102 OVERLOOK WILLIAMSBURG	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A. FOX EVP 04/28/2008