

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005580

FILED
Mar 13, 2008
Secretary of State

Entity Name: CADENCE FINANCIAL CORPORATION

Current Principal Place of Business:

301 EAST MAIN STREET
STARKVILLE, MS 39759

New Principal Place of Business:

Current Mailing Address:

301 EAST MAIN STREET
STARKVILLE, MS 39759

New Mailing Address:

FEI Number: 64-0694775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKS, JOHN
5115 STATE ROAD 64 EAST
BRADENTON, FL 34208 US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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.

SIGNATURE: CINDY STRAUB

03/13/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCOO () Delete
Name: ABERNATHY, MARK A
Address: C/O 301 EAST MAIN STREET
City-St-Zip: STARKVILLE, MS 39759

Title: D () Delete
Name: ABERNATHY, MARK A
Address: C/O 301 EAST MAIN STREET
City-St-Zip: STARKVILLE, MS 39759

Title: EVPC () Delete
Name: HASTON, RICHARD
Address: C/O 301 EAST MAIN STREET
City-St-Zip: STARKVILLE, MS 39759

Title: SD () Delete
Name: GHOLSON, HUNTER M
Address: C/O 301 EAST MAIN STREET
City-St-Zip: STARKVILLE, MS 39759

Title: D () Delete
Name: FOXWORTHY, H R
Address: C/O 301 EAST MAIN STREET
City-St-Zip: STARKVILLE, MS 39759

Title: D () Delete
Name: BYARS, DAVID
Address: C/O 301 EAST MAIN STREET
City-St-Zip: STARKVILLE, MS 39759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: J. AUBREY ADAIR

VP

03/13/2008

Electronic Signature of Signing Officer or Director

Date