

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005580

FILED  
Mar 14, 2011  
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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: CHAI  
Name: MURPHY, PAUL  
Address: C/O 301 EAST MAIN STREET  
City-St-Zip: STARKVILLE, MS 39759

Title: CFO  
Name: MCWHORTER, STAN  
Address: C/O 301 EAST MAIN STREET  
City-St-Zip: STARKVILLE, MS 39759

Title: CRO  
Name: LEVY, STAN  
Address: C/O 301 EAST MAIN STREET  
City-St-Zip: STARKVILLE, MS 39759

Title: CIO  
Name: COX, BUDDY  
Address: C/O 301 EAST MAIN STREET  
City-St-Zip: STARKVILLE, MS 39759

I hereby 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 all other like empowered.

SIGNATURE: AUBREY ADAIR

SVP

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date