

1.) CORPORATION NAME:

**CHESAPEAKE FINANCIAL SHARES, INC.**

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DOUGLAS D. MONROE, JR.  
97 NORTH MAIN ST.  
P.O. BOX 1419**

SCC ID NO: **02306264**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**KILMARNOCK, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**LANCASTER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 97 NORTH MAIN STREET  
PO BOX 1419

CITY/ST/ZIP: KILMARNOCK, VA 22482

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:	JEFFREY M SZYPERSKI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	P O BOX 1419		
CITY/ST/ZIP/CO:	KILMARNOCK, VA 22482		
NAME:	DOUGLAS D MONROE JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	PO BOX 1419		
CITY/ST/ZIP/CO:	KILMARNOCK, VA 22482		
NAME:	JOHN H HUNT II	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO BOX 1419		
CITY/ST/ZIP/CO:	KILMARNOCK, VA 22482		
NAME:	THOMAS G TINGLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4350 NEW TOWN AVE STE 101		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		
NAME:	Craig J. Kelly	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2055 DITCHLEY RD		
CITY/ST/ZIP/CO:	Kilmarnock, VA 22482		
NAME:	EUGENE S HUDNALL JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2105 DITCHLEY RD		
CITY/ST/ZIP/CO:	KILMARNOCK, VA 22842		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS E KELLUM DIRECTOR PO BOX 249 WEEMS, VA 22576	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT J SINGLEY DIRECTOR 423 N. BOUNDARY ST. SUITE 200 WILLIAMSBURG, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE P ROBERTSON DIRECTOR 110 WAREHAM WILLIAMSBURG, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM F SHUMADINE, JR. DIRECTOR 415 KILMARNOCK DR RICHMOND, VA 23229	<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/ JOHN H HUNT II SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN H HUNT II, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/24/2013 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.			