

1.) CORPORATION NAME:

CHESAPEAKE FINANCIAL SHARES, INC.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **02306264**

KILMARNOCK, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	4,800,000
COMNV	635,000
PREFER	50,000

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:	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:	THOMAS E KELLUM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 249		
CITY/ST/ZIP/CO:	WEEMS, VA 22576		

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: BRUCE P ROBERTSON TITLE: DIRECTOR ADDRESS: 110 WAREHAM CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM F SHUMADINE, JR. TITLE: DIRECTOR ADDRESS: 415 KILMARNOCK DR CITY/ST/ZIP/CO: RICHMOND, VA 23229	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT J SINGLEY TITLE: DIRECTOR ADDRESS: 423 N. BOUNDARY ST. SUITE 200 CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS G TINGLE TITLE: DIRECTOR ADDRESS: 4350 NEW TOWN AVE STE 101 CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188	<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	4/29/2014 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.		