

1.) CORPORATION NAME:

**CHESAPEAKE BANK**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN H HUNT II  
35 SCHOOL ST  
PO BOX 1419**

SCC ID NO: **04268504**

**KILMARNOCK, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	400,000

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 ST  
P.O. BOX 1419

CITY/ST/ZIP: KILARNOCK, 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:	P/CEO/CHRMN		
ADDRESS:	P O BOX 38		
CITY/ST/ZIP/CO:	IRVINGTON, VA 22480		

NAME:	JOHN H HUNT II	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/CFO/SEC		
ADDRESS:	P.O. BOX 1419		
CITY/ST/ZIP/CO:	KILMARNOCK, VA 22482		

NAME:	DOUGLAS D MONROE JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN EMER.		
ADDRESS:	POB 518		
CITY/ST/ZIP/CO:	IRVINGTON, VA 22480		

NAME:	JAMES M HOLMES JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 1449		
CITY/ST/ZIP/CO:	KILMARNOCK, VA 22482		

NAME:	THOMAS G TINGLE AIA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3200 IRONBOUND ROAD		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188		

NAME:	David E. Bush	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 1419		
CITY/ST/ZIP/CO:	Kilmarnock, VA 22482		

NAME: Charles C Chase, II. TITLE: DIRECTOR ADDRESS: PO Box 1419 CITY/ST/ZIP/CO: Kilmarnock, VA 22482	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Thomas E. Kellum TITLE: DIRECTOR ADDRESS: PO Box 1419 CITY/ST/ZIP/CO: Kilmarnock, VA 22482	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Harry M. Ward TITLE: DIRECTOR ADDRESS: PO Box 1419 CITY/ST/ZIP/CO: Kilmarnock, VA 22482	<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, EVP/CFO/SEC PRINTED NAME AND CORPORATE TITLE	2/24/2014 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.		