

1.) CORPORATION NAME:

**CARDINAL FINANCIAL CORPORATION**

DUE DATE: **12/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ALICE P. FRAZIER  
8270 GREENSBORO DRIVE  
SUITE 500**

SCC ID NO: **04947297**

**MCLEAN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000,000
PREFER	8,546,762
PREFCC	1,412,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8270 GREENSBORO DRIVE SUITE 500

CITY/ST/ZIP: MCLEAN, VA 22102

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:	BERNARD H CLINEBURG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO/CHRMN		
ADDRESS:	8270 GREENSBORO DRIVE STE 500		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME:	ALICE P FRAZIER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	8270 GREENSBORO DRIVE STE 500		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME:	JENNIFER L DEACON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/CONTROL/S		
ADDRESS:	8270 GREENSBORO DRIVE STE 500		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME:	CHRISTOPHER W BERGSTROM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/CHF RISK OF		
ADDRESS:	8270 GREENSBORO DRIVE STE 500		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME:	MARK A WENDEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/CFO		
ADDRESS:	8270 GREENSBORO DRIVE STE 500		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME:	B G BECK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8270 GREENSBORO DRIVE SUITE 500		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM G BUCK DIRECTOR 8270 GREENSBORO DRIVE SUITE 500 MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SIDNEY O DEWBERRY DIRECTOR 8270 GREENSBORO DRIVE SUITE 500 MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL A GARCIA DIRECTOR 8270 GREENSBORO DRIVE SUITE 500 MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J HAMILTON LAMBERT DIRECTOR 8270 GREENSBORO DRIVE SUITE 500 MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM NASSETTA DIRECTOR 8270 GREENSBORO DRIVE SUITE 500 MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM E PETERSON DIRECTOR 8270 GREENSBORO DRIVE SUITE 500 MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALICE M STARR DIRECTOR 8270 GREENSBORO DRIVE SUITE 500 MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN WILTSE DIRECTOR 8270 GREENSBORO DRIVE SUITE 500 MCLEAN, VA 22102	<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/ JENNIFER L DEACON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JENNIFER L DEACON, SVP/CONTROL/S PRINTED NAME AND CORPORATE TITLE	12/18/2015 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.			