

SCC eFile  
(6/10)

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212503741

1.) CORPORATION NAME:

**The Freedom Bank of Virginia**

DUE DATE: **1/31/2012**

SCC ID NO: **05336441**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY  
ROBERT A PAYNE  
407 CHURCH STREET, N.E.  
SUITE A**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000

**VIENNA, VA 22180**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 502 MAPLE AVE WEST

CITY/ST/ZIP: VIENNA, VA 22180-

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.

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	CRAIG S UNDERHILL			
TITLE:	CEO			
ADDRESS:	1211 CHADSWORTH COURT			
CITY/ST/ZIP/CO:	MCLEAN, VA 22102-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	G THOMAS COLLINS JR			
TITLE:	DIRECTOR			
ADDRESS:	1800 OLD MEADOW ROAD #1105			
CITY/ST/ZIP/CO:	MCLEAN, VA 22102-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	H JASON GOLD			
TITLE:	DIRECTOR			
ADDRESS:	1288 MIDDLETON COURT			
CITY/ST/ZIP/CO:	VIENNA, VA 22182-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	RICHARD C LITMAN			
TITLE:	CHAIRMAN			
ADDRESS:	11329 HENDERSON ROAD			
CITY/ST/ZIP/CO:	FAIRFAX STATION, VA 22039-2314			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	MICHAEL A MIRANDA			
TITLE:	DIRECTOR			
ADDRESS:	20642 CRESCENT POINTE PLACE			
CITY/ST/ZIP/CO:	ASHBURN, VA 20147-			

NAME: JOHN T ROHRBACK TITLE: DIRECTOR ADDRESS: 2300 RIVIERA DRIVE CITY/ST/ZIP/CO: VIENNA, VA 22181-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TERRY L COLLINS TITLE: DIRECTOR ADDRESS: 6713 BELLAMY AVENUE CITY/ST/ZIP/CO: SPRINGFIELD, VA 22151-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CYNTHIA C ATWATER TITLE: SECRETARY ADDRESS: 11038 THRUSH ROAD CITY/ST/ZIP/CO: RESTON, VA 20191-4714	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: NORMAN P HORN TITLE: DIRECTOR ADDRESS: 10300 BUSHMAN DRIVE, #205 CITY/ST/ZIP/CO: OAKTON, VA 22120-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID C KARLGAARD TITLE: DIRECTOR ADDRESS: 5 CLARKS BRANCH ROAD CITY/ST/ZIP/CO: GREAT FALLS, VA 22066-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ALVIN E NASHMAN TITLE: DIRECTOR ADDRESS: 3609 RIDGEWAY TERRACE CITY/ST/ZIP/CO: FALLS CHURCH, VA 22044-1308	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOAN E LISZKA TITLE: ASST SECRETARY ADDRESS: 110 CHERRY TREE COURT CITY/ST/ZIP/CO: STERLING, VA 22106-	<input checked="" type="checkbox"/> OFFICER <input 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/ JOAN E LISZKA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOAN E LISZKA, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
1/28/2012 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.	