

1.) CORPORATION NAME:

CHESAPEAKE TRUST COMPANY

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **05489919**

KILMARNOCK, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LANCASTER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O 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:	JOHN M SADLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/DIR		
ADDRESS:	PO BOX 1419		
CITY/ST/ZIP/CO:	KILMARNOCK, VA 22482		

NAME:	JOHN H HUNT, II	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	POB 1419		
CITY/ST/ZIP/CO:	KILMARNOCK, VA 22482		

NAME:	JEFFREY M SZYPERSKI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	P O BOX 1419		
CITY/ST/ZIP/CO:	KILMARNOCK, VA 22482		

NAME:	TED M KATTMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 1419		
CITY/ST/ZIP/CO:	KILMARNOCK, VA 22482		

NAME:	JOHN O'SHAUGHNESSY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	POB 1419		
CITY/ST/ZIP/CO:	KILMARNOCK, VA 22482		

NAME:	MARSHALL WARNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1419		
CITY/ST/ZIP/CO:	KILMARNOCK, VA 22482		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEAN LIGHT VICE PRESIDENT PO BOX 1419 KILMARNOCK, VA 22482	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT G CASTLEMAN VICE PRESIDENT PO BOX 1419 KILMARNOCK, VA 22482	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILL MCLACHLAN SR PORTF. MGR. PO BOX 1419 KILMARNOCK, VA 22482	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHERRI L CLOWSER ASST. TRUST OFF PO BOX 1419 KILMARNOCK, VA 22482	<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/ JOHN H HUNT, II SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN H HUNT, II, SECRETARY PRINTED NAME AND CORPORATE TITLE	9/17/2013 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.			