

1.) CORPORATION NAME:

John Marshall Bank

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CARL E DODSON
1943 ISAAC NEWTON SQUARE
SUITE 100**

SCC ID NO: **06354427**

RESTON, VA 20190

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	10,000,000
COMNV	1,000,000
PREFER	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1943 ISAAC NEWTON SQUARE
STE 100

CITY/ST/ZIP: RESTON, VA 20190

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:	WILLIAM RIDENOUR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	12723 CLIFTON HEIGHTS LANE		
CITY/ST/ZIP/CO:	CLIFTON, VA 20124		

NAME:	JOHN MAXWELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN/CEO		
ADDRESS:	22857 WATSON HEIGHTS CIR		
CITY/ST/ZIP/CO:	ASHBURN, VA 20148		

NAME:	CARL E DODSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/COO/CFO		
ADDRESS:	18507 BEAR CREEK TERRACE		
CITY/ST/ZIP/CO:	LEESBURG, VA 20176		

NAME:	PHILIP R CHASE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	416 TIMBER BRANCH PKWY		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22302		

NAME:	JONATHAN C KINNEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2300 WILSON BLVD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201		

NAME:	Subhask K Garg	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7606 Swinks Court		
CITY/ST/ZIP/CO:	McLean, VA 22102		

NAME: Philip W Allin TITLE: DIRECTOR ADDRESS: 5141 Pleasant Forest Drive CITY/ST/ZIP/CO: Centreville, VA 20120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Lim Nguonly TITLE: DIRECTOR ADDRESS: 10313 Forest Maple Road CITY/ST/ZIP/CO: Vienna, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: O Leland Mahan TITLE: DIRECTOR ADDRESS: 307 East Market St CITY/ST/ZIP/CO: Leesburg, VA 20175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Michael T. Foster TITLE: DIRECTOR ADDRESS: 2525 North 24th Street CITY/ST/ZIP/CO: Arlington, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ronald J Gordon TITLE: DIRECTOR ADDRESS: 5101 Little Falls Road CITY/ST/ZIP/CO: Arlington, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jean M. Edelman TITLE: DIRECTOR ADDRESS: 536 Innsbruck Avenue CITY/ST/ZIP/CO: Great Falls, VA 22066	<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/ CARL E DODSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CARL E DODSON, EVP/COO/CFO PRINTED NAME AND CORPORATE TITLE	2/18/2013 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.		