

1.) CORPORATION NAME:

John Marshall Bank

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **06354427**

RESTON, VA

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 W ALLIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5141 PLEASANT FOREST DRIVE		
CITY/ST/ZIP/CO:	CENTREVILLE, VA 20120		

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:	JEAN M. EDELMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	536 INNSBRUCK AVENUE		
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066		

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: SUBHASH K GARG TITLE: DIRECTOR ADDRESS: 7606 SWINKS COURT CITY/ST/ZIP/CO: MCLEAN, VA 22102	<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: JONATHAN C KINNEY TITLE: DIRECTOR ADDRESS: 2300 WILSON BLVD CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<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: LIM NGUONLY TITLE: DIRECTOR ADDRESS: 43618 BEAVER CREEK TER CITY/ST/ZIP/CO: LEESBURG, VA 20176	<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	2/24/2014 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.		