

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213520334

1.) CORPORATION NAME:

**Chain Bridge Bancorp, Inc.**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PETER G FITZGERALD  
1445 A LAUGHLIN AVE  
MCLEAN, VA**

SCC ID NO: **06592695**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1445 A LAUGHLIN AVE

CITY/ST/ZIP: MCLEAN, VA 22101

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: DAVID M EVINGER  OFFICER  DIRECTOR  
TITLE: PRESIDENT  
ADDRESS: 1445-A LAUGHLIN AVE  
CITY/ST/ZIP/CO: MCLEAN, VA 22101

NAME: GUY A BREWER  OFFICER  DIRECTOR  
TITLE: TREASURER  
ADDRESS: 1445-A LAUGHLIN AVE  
CITY/ST/ZIP/CO: MCLEAN, VA 22101

NAME: JOHN J BROUGH  OFFICER  DIRECTOR  
TITLE: CEO  
ADDRESS: 1445-A LAUGHLIN AVE  
CITY/ST/ZIP/CO: MCLEAN, VA 22101

NAME: PAUL SHIFFMAN  OFFICER  DIRECTOR  
TITLE: VICE CHAIRMAN  
ADDRESS: 1445-A LAUGHLIN AVE  
CITY/ST/ZIP/CO: MCLEAN, VA 22101

NAME: PETER G FITZGERALD  OFFICER  DIRECTOR  
TITLE: CHAIRMAN  
ADDRESS: 1445-A LAUGHLIN AVE  
CITY/ST/ZIP/CO: MCLEAN, VA 22101

NAME: PETER J FITZGERALD  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: 1445-A LAUGHLIN AVE  
CITY/ST/ZIP/CO: MCLEAN, VA 22101

NAME: PHILIP F HERRICK JR TITLE: DIRECTOR ADDRESS: 1445-A LAUGHLIN AVE CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS E JACOBI TITLE: DIRECTOR ADDRESS: 1445-A LAUGHLIN AVE CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DELMAR J LEWIS TITLE: DIRECTOR ADDRESS: 1445-A LAUGHLIN AVE CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JON MONETT TITLE: DIRECTOR ADDRESS: 1445-A LAUGHLIN AVE CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PHILIP A ODEEN TITLE: DIRECTOR ADDRESS: 1445-A LAUGHLIN AVE CITY/ST/ZIP/CO: MCLEAN, VA 22101	<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/ GUY A BREWER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GUY A BREWER, TREASURER PRINTED NAME AND CORPORATE TITLE	4/29/2013 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.		