

1.) CORPORATION NAME:

**Chain Bridge Bancorp, Inc.**

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **06592695**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**FAIRFAX COUNTY**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000
PREFER	10,000

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.

<p>NAME: DAVID M EVINGER TITLE: PRESIDENT ADDRESS: 1445-A LAUGHLIN AVE CITY/ST/ZIP/CO: MCLEAN, VA 22101</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: GUY A BREWER TITLE: TREASURER ADDRESS: 1445-A LAUGHLIN AVE CITY/ST/ZIP/CO: MCLEAN, VA 22101</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOHN J BROUGH TITLE: CEO ADDRESS: 1445-A LAUGHLIN AVE CITY/ST/ZIP/CO: MCLEAN, VA 22101</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PAUL SHIFFMAN TITLE: VICE CHAIRMAN ADDRESS: 1445-A LAUGHLIN AVE CITY/ST/ZIP/CO: MCLEAN, VA 22101</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PETER G FITZGERALD TITLE: CHAIRMAN ADDRESS: 1445-A LAUGHLIN AVE CITY/ST/ZIP/CO: MCLEAN, VA 22101</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PETER J FITZGERALD TITLE: DIRECTOR ADDRESS: 1445-A LAUGHLIN AVE CITY/ST/ZIP/CO: MCLEAN, VA 22101</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP F HERRICK JR DIRECTOR 1445-A LAUGHLIN AVE MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS E JACOBI, SR DIRECTOR 1445-A LAUGHLIN AVE MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DELMAR J LEWIS DIRECTOR 1445-A LAUGHLIN AVE MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JON MONETT DIRECTOR 1445-A LAUGHLIN AVE MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP A ODEEN DIRECTOR 1445-A LAUGHLIN AVE MCLEAN, VA 22101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SAMUEL A SCHREIBER DIRECTOR 1445-A LAUGHLIN AVE 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	5/7/2014 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.			