

1.) CORPORATION NAME:

**CONGRESSIONAL BANK**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**HIQ CORPORATE SERVICES INC**

**201 N. UNION STREET**

**SUITE 140**

**ALEXANDRIA, VA 22314**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ALEXANDRIA CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MD**

DUE DATE: **8/31/2011**

SCC ID NO: **F1637976**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000
PREFER	5,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6500 ROCK SPRING DRIVE  
STE 300

CITY/ST/ZIP: BETHESDA, MD 20817-

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 R LANE  
TITLE: P/CEO/VC  
ADDRESS: 6500 ROCK SPRING DRIVE  
STE 300  
CITY/ST/ZIP/CO: BETHESDA, MD 20817-

OFFICER

DIRECTOR

NAME: STUART MARSHALL BLOCH  
TITLE: CHAIRMAN OF BRD  
ADDRESS: 6500 ROCK SPRING DRIVE  
STE 300  
CITY/ST/ZIP/CO: BETHESDA, MD 20817-

OFFICER

DIRECTOR

NAME: ROBERT RUBIN  
TITLE: SECRETARY  
ADDRESS: 6500 ROCK SPRING DRIVE  
STE 300  
CITY/ST/ZIP/CO: BETHESDA, MD 20817-

OFFICER

DIRECTOR

NAME: DALE G PHELPS  
TITLE: EVP/CFO  
ADDRESS: 6500 ROCKSPRING DR  
STE 300  
CITY/ST/ZIP/CO: BETHESDA, MD 20817-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN BUCHMAN DIRECTOR 6500 ROCK SPRING DRIVE SUITE 300 BETHESDA, MD 20817-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY K EBERHARDT DIRECTOR 6500 ROCK SPRING DRIVE SUITE 300 BETHESDA, MD 20817-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NEIL GURVITCH DIRECTOR 6500 ROCK SPRING DRIVE SUITE 300 BETHESDA, MD 20817-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAL SIMMONS, JR. DIRECTOR 6500 ROCK SPRING DRIVE SUITE 300 BETHESDA, MD 20817-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN BECKER DIRECTOR 6500 ROCK SPRING DRIVE SUITE 300 BETHESDA, MD 20817-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS FLEETER DIRECTOR 6500 ROCK SPRING DRIVE SUITE 300 BETHESDA, MD 20817-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER JONES DIRECTOR 6500 ROCK SPRING DRIVE SUITE 300 BETHESDA, MD 20817-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID COHN DIRECTOR 6500 ROCK SPRING DRIVE SUITE 300 BETHESDA, MD 20817-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL ZACHARIA DIRECTOR 6500 ROCK SPRING DRIVE SUITE 300 BETHESDA, MD 20817-	<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.

<u>/s/ DALE G PHELPS</u>	<u>DALE G PHELPS, EVP/CFO</u>	<u>8/18/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.