

1.) CORPORATION NAME:

CONGRESSIONAL BANK

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**HIQ CORPORATE SERVICES INC
201 N. UNION STREET
SUITE 140**

SCC ID NO: **F1637976**

ALEXANDRIA, VA 22314

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CO-CHAIRMAN/CEO		
ADDRESS:	6500 ROCK SPRING DRIVE		
	STE 300		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		

NAME:	ROBERT K RUBIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6500 ROCK SPRING DRIVE		
	STE 300		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		

NAME:	STUART MARSHALL BLOCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6500 ROCK SPRING DRIVE		
	STE 300		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		

NAME:	DALE G PHELPS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/CFO		
ADDRESS:	6500 ROCKSPRING DR		
	STE 300		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		

NAME:	KAREN M BECKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6500 ROCK SPRING DRIVE		
	SUITE 300		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN A 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:	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:	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:	THOMAS B 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:	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:	CHRISTOPHER T 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:	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:	MICHAEL R ZACHARIA 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:	JOHN K DELANEY CHAIRMAN 6500 ROCK SPRING DRIVE SUITE 300 BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JASON FISH 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:	JEFFREY A LIPSON PRESIDENT & COO 6500 ROCK SPRING DRIVE SUITE 300 BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ DALE G PHELPS	DALE G PHELPS, EVP/CFO	8/17/2012
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.