

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06764 (5)
1. Corporation Name
THE ENTERPRISE FOUNDATION, INC.



Principal Place of Business 10227 WINCOPIN CIR S500 COLUMBIA MD 21044 US	Mailing Address 10227 WINCOPIN CIR S500 COLUMBIA MD 21044-3422 US
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3. Date Incorporated or Qualified 07/17/1985	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 52-1231931	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, FAITH E.	1.2 NAME	Thomas, Faith E.
STREET ADDRESS	10227 WINCOPIN CIR., STE. 500	1.3 STREET ADDRESS	10227 Wincopin Circle, Ste. 500
CITY-ST-ZIP	COLUMBIA MD 21044	1.4 CITY-ST-ZIP	Columbia, MD 21044
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRIGHT, HARRY W., JR.	2.2 NAME	
STREET ADDRESS	ONE ROCKEFELLER PLAZA, STE. 1002	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10020	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESSE, RICHARD	3.2 NAME	
STREET ADDRESS	10227 WINCOPIN CIR S500	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESSANT, CATHERINE P.	4.2 NAME	
STREET ADDRESS	730 15TH ST. NW., 8TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20005	4.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSE, PATRICIA T	5.2 NAME	
STREET ADDRESS	10227 WINCOPIN CIR S500	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD	5.4 CITY-ST-ZIP	
TITLE	CCEO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON, HARVEY F.	6.2 NAME	
STREET ADDRESS	10227 WINCOPIN CIR S500	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

410-964-1230

CR2E037 (9/96)