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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06764

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 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/17/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 52-1231931
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE AS	<input type="checkbox"/> DELETE	1.1 TITLE Vice President & General Counsel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMAS, FAITH E.		1.2 NAME	
STREET ADDRESS 10227 WINCOPIN CIR., STE. 500		1.3 STREET ADDRESS	
CITY-ST-ZIP COLUMBIA MD		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" 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 Dime Savings Bank, FSB	
CITY-ST-ZIP NEW YORK NY 10020		2.4 CITY-ST-ZIP 101 Mamaroneck Ave., Mamaroneck, NY10543	
TITLE TCTO	<input type="checkbox"/> DELETE	3.1 TITLE Treasurer & CFO (correction)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOFFBERGER, BRUCE		3.2 NAME Hoffberger, Bruce S.	
STREET ADDRESS 10227 WINCOPIN CIR, STE 500		3.3 STREET ADDRESS	
CITY-ST-ZIP COLUMBIA MD 21044		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" 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 Bank of America	
CITY-ST-ZIP WASHINGTON DC 20005		4.4 CITY-ST-ZIP 100 N. Tryon, Charlotte, NC 28255	
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 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, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** Date: 26 Apr 99 Daytime Phone #: 410/964-1230

CR2E037 (1/98)