FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:26

DOCUMENT # P06764 (5)

1. Corporation Name
THE ENTERPRISE FOUNDATION, INC.

Principal Place of Business	Mailing Address
10227 WINCOPIN CIR S500 COLUMBIA MD 21044 US	10227 WINCOPIN CIR S500 COLUMBIA MD 21044 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1985
3a. Date of Last Report: 02/22/1994
4. FEI Number: 52-1231931 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPAS	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	LAZAR, ELLEN W.	1.2 NAME	Edward L. Quinn	
STREET ADDRESS	10227 WINCOPIN CIR S500	1.3 STREET ADDRESS	10227 Wincopin Circle, Ste. 500	
CITY-ST-ZIP	COLUMBIA MD	1.4 CITY-ST-ZIP	Columbia, MD	
TITLE	VP	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	RAMSEY, REYNARD	2.2 NAME	Patrick Costigan	
STREET ADDRESS	10227 WINCOPIN CIR S500	2.3 STREET ADDRESS	218 W. Saratoga, 3rd Fl.	
CITY-ST-ZIP	COLUMBIA MD	2.4 CITY-ST-ZIP	Baltimore, MD 21201	
TITLE	T	3.1 TITLE	T	☐ Change ☒ Addition
NAME	HESSE, RICHARD	3.2 NAME	Harry W. Albright, Jr.	
STREET ADDRESS	10227 WINCOPIN CIR S500	3.3 STREET ADDRESS	1270 Ave. of the Americas, Ste1914	
CITY-ST-ZIP	COLUMBIA MD	3.4 CITY-ST-ZIP	New York, NY 10020	
TITLE	FC	4.1 TITLE	T	☐ Change ☒ Addition
NAME	ROUSE, JAMES W	4.2 NAME	Susan G. Baker	
STREET ADDRESS	10227 WINCOPIN CIR S500	4.3 STREET ADDRESS	5045 Cathedral Ave., N.W.	
CITY-ST-ZIP	COLUMBIA MD	4.4 CITY-ST-ZIP	Washington, D.C. 20016	
TITLE	VPS	5.1 TITLE	T	☐ Change ☒ Addition
NAME	ROUSE, PATRICIA T	5.2 NAME	Catherine P. Bessant	
STREET ADDRESS	10227 WINCOPIN CIR S500	5.3 STREET ADDRESS	730 15th St., N.W., 8th Floor	
CITY-ST-ZIP	COLUMBIA MD	5.4 CITY-ST-ZIP	Washington, D.C. 20013	
TITLE	CCEO	6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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.

SIGNATURE: X [signature], Richard Hesse, Treasurer, 1/17/95 410-964-1230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073833