

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003871

Entity Name: ENTERPRISE COMMUNITY LOAN FUND, INC.**Current Principal Place of Business:**11000 BROKEN LAND PARKWAY
SUITE 700
COLUMBIA, MD 21044**Current Mailing Address:**11000 BROKENLAND PARKWAY
SUITE 700
COLUMBIA, MD 21044 US**FEI Number:** 52-0192004**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH, LTD., INC.
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name CHATMAN, LORI
Address 11000 BROKEN LAND PARKWAY
SUITE 700
City-State-Zip: COLUMBIA MD 21044

Title VP
Name MELLENDICK, CRAIG
Address 11000 BROKEN LAND PARKWAY
SUITE 700
City-State-Zip: COLUMBIA MD 21044

Title S
Name THOMAS, FAITH E
Address 11000 BROKEN LAND PARKWAY
SUITE 700
City-State-Zip: COLUMBIA MD 21044

Title D
Name BROADMAN, DOROTHY
Address 10227 WINCOPIN CIRCLE
City-State-Zip: COLUMBIA MD 21044

Title D
Name WERHANE, CHARLES
Address 10227 WINCOPIN CIRCLE
City-State-Zip: COLUMBIA MD 21044

Title T
Name CROW, CHARLOTTE
Address 10227 WINCOPIN CIRCLE
City-State-Zip: COLUMBIA MD 21044

Title VP
Name RAMOS, NONI
Address 11000 BROKEN LAND PARKWAY
SUITE 700
City-State-Zip: COLUMBIA MD 21044

Title ASSISTANT SECRETARY
Name FAIREY, KEITH
Address 11000 BROKEN LAND PARKWAY
SUITE 700
City-State-Zip: COLUMBIA MD 21044

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FAITH THOMAS**SECRETARY****06/09/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FREY, WILLIAM
Address 11000 BROKEN LAND PARKWAY
SUITE 700
City-State-Zip: COLUMBIA MD 21044

Title DIRECTOR
Name HOEKMAN, SCOTT
Address 11000 BROKEN LAND PARKWAY
SUITE 700
City-State-Zip: COLUMBIA MD 21044

Title DIRECTOR
Name TSIEN, ROBERT
Address 11000 BROKEN LAND PARKWAY
SUITE 700
City-State-Zip: COLUMBIA MD 21044

Title DIRECTOR
Name GRZYWINSKI, RONALD
Address 11000 BROKEN LAND PARKWAY
SUITE 700
City-State-Zip: COLUMBIA MD 21044

Title DIRECTOR
Name LUDWIG, TERRI
Address 11000 BROKEN LAND PARKWAY
SUITE 700
City-State-Zip: COLUMBIA MD 21044