

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000002757

Entity Name: CAPITAL IMPACT PARTNERS INC.**Current Principal Place of Business:**1400 CRYSTAL DRIVE
SUITE 500
ARLINGTON, VA 22202**Current Mailing Address:**1400 CRYSTAL DRIVE
SUITE 500
ARLINGTON, VA 22202 US**FEI Number:** 52-1290127**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 BOARD, VICE CHAIR
Name BEEBE, WILSON H JR
Address 1400 CRYSTAL DRIVE
SUITE 500
City-State-Zip: ARLINGTON VA 22202

Title D
Name BEVERLY, ALAINA
Address 1400 CRYSTAL DRIVE
SUITE 500
City-State-Zip: ARLINGTON VA 22202

Title D
Name FANNON, CASEY
Address 1400 CRYSTAL DRIVE
SUITE 500
City-State-Zip: ARLINGTON VA 22202

Title D
Name HAZEN, PAUL
Address 1400 CRYSTAL DRIVE
SUITE 500
City-State-Zip: ARLINGTON VA 22202

Title D
Name MARKULIN, GAIL
Address 1400 CRYSTAL DRIVE
SUITE 500
City-State-Zip: ARLINGTON VA 22202

Title DIRECTOR
Name KENNEDY, ELI
Address 1400 CRYSTAL DRIVE
SUITE 500
City-State-Zip: ARLINGTON VA 22202

Title D
Name DOLIN, JENNIFER SMITH
Address 1400 CRYSTAL DRIVE
SUITE 500
City-State-Zip: ARLINGTON VA 22202

Title D
Name VLIET, DAVID
Address 1400 CRYSTAL DRIVE
SUITE 500
City-State-Zip: ARLINGTON VA 22202

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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: NATALIE GUNNCHIEF FINANCIAL AND
ADMINISTRATIVE
OFFICER

01/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VARNER, DANIEL
Address 1400 CRYSTAL DRIVE
SUITE 500
City-State-Zip: ARLINGTON VA 22202

Title PRESIDENT/CEO
Name CARR, ELLIS
Address 1400 CRYSTAL DRIVE
SUITE 500
City-State-Zip: ARLINGTON VA 22202

Title GC/CS, AND CHIEF COMPLIANCE OFFICER
Name MCEVOY, BRIAN
Address 1400 CRYSTAL DRIVE
SUITE 500
City-State-Zip: ARLINGTON VA 22202

Title CHIEF LENDING OFFICER
Name BORRADAILE, DIANE
Address 1400 CRYSTAL DRIVE
SUITE 500
City-State-Zip: ARLINGTON VA 22202

Title DIRECTOR
Name MONCRIEF, RAY
Address 1400 CRYSTAL DRIVE
SUITE 500
City-State-Zip: ARLINGTON VA 22202

Title BOARD CHAIR
Name GOITIA, PEDRO I
Address 1400 CRYSTAL DRIVE
SUITE 500
City-State-Zip: ARLINGTON VA 22202

Title CHIEF FINANCIAL AND CHIEF
ADMINISTRATIVE OFFICER
Name GUNN, NATALIE
Address 1400 CRYSTAL DRIVE
SUITE 500
City-State-Zip: ARLINGTON VA 22202

Title TREASURER
Name INGS, JARET
Address 1400 CRYSTAL DRIVE
SUITE 500
City-State-Zip: ARLINGTON VA 22202

Title CHIEF HUMAN RESOURCES OFFICER
Name DORSETT, KIMBERLY
Address 1400 CRYSTAL DRIVE
SUITE 500
City-State-Zip: ARLINGTON VA 22202

Title CHIEF OF STAFF
Name LASH, CHRIS
Address 1400 CRYSTAL DRIVE
SUITE 500
City-State-Zip: ARLINGTON VA 22202