

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000000485

**Entity Name:** ENTERPRISE COMMUNITY INVESTMENT, INC.**Current Principal Place of Business:**11000 BROKEN LAND PARKWAY  
COLUMBIA, MD 21044**Current Mailing Address:**11000 BROKEN LAND PARKWAY  
COLUMBIA, MD 21044- US**FEI Number: 52-1206840****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 PRES  
Name WERHANE, CHARLES  
Address 11000 BROKEN LAND PARKWAY  
City-State-Zip: COLUMBIA MD 21044

Title VP  
Name WILSON, SUSAN  
Address 11000 BROKEN LAND PARKWAY  
City-State-Zip: COLUMBIA MD 21044

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

Title GENERAL COUNSEL & SECRETARY  
Name ROTHSCHILD, BRUCE  
Address 11000 BROKEN LAND PARKWAY  
City-State-Zip: COLUMBIA MD 21044

Title SENIOR VICE PRESIDENT AND CHIEF  
FINANCIAL OFFICER  
Name MELLENDICK, CRAIG  
Address 11000 BROKEN LAND PARKWAY  
City-State-Zip: COLUMBIA MD 21044

Title VICE PRESIDENT & TREASURER,  
FINANCE  
Name GALENTINE, JEFFREY  
Address 11000 BROKEN LAND PARKWAY  
City-State-Zip: COLUMBIA MD 21044

Title SENIOR VICE PRESIDENT,  
SYNDICATION  
Name MOORE, RAOUL  
Address 11000 BROKEN LAND PARKWAY  
City-State-Zip: COLUMBIA MD 21044

Title SENIOR VICE PRESIDENT,  
STRUCTURED FINANCE  
Name WESOLOWSKI, JOSEPH  
Address 11000 BROKEN LAND PARKWAY  
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JEFFREY GALENTINE****TREASURER****04/30/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP, INVESTMENT MANAGEMENT, CAPITAL  
MARKETS  
Name FITZPATRICK, KARI  
Address 11000 BROKEN LAND PARKWAY  
City-State-Zip: COLUMBIA MD 21044-

Title VP, CREDIT  
Name BRANDENBURG, JOHN  
Address 11000 BROKEN LAND PARKWAY  
City-State-Zip: COLUMBIA MD 21044-

Title VP, CREDIT  
Name ARNOLD, STEPHANIE  
Address 11000 BROKEN LAND PARKWAY  
City-State-Zip: COLUMBIA MD 21044-

Title VP, SYNDICATION  
Name ELGERT, MONICA  
Address 11000 BROKEN LAND PARKWAY  
City-State-Zip: COLUMBIA MD 21044-