

2021 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 VICE PRESIDENT & TREASURER,
FINANCE
Name GALENTINE, JEFFREY
Address 11000 BROKEN LAND PARKWAY
City-State-Zip: COLUMBIA MD 21044

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

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

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**VP TREASURER****03/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date