

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000000485

**Entity Name:** ENTERPRISE COMMUNITY INVESTMENT, INC.**Current Principal Place of Business:**11000 BROKEN LAND PARKWAY  
SUITE 700  
COLUMBIA, MD 21044**Current Mailing Address:**11000 BROKEN LAND PARKWAY  
SUITE 700  
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 DIRECTOR  
Name CHATMAN, LORI  
Address 11000 BROKEN LAND PARKWAY  
SUITE 700  
City-State-Zip: COLUMBIA MD 21044

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

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

Title VP  
Name GALENTINE, JEFFREY G.  
Address 11000 BROKEN LAND PARKWAY  
SUITE 700  
City-State-Zip: COLUMBIA MD 21044

Title TREASURER  
Name GALENTINE, JEFFREY G.  
Address 11000 BROKEN LAND PARKWAY  
SUITE 700  
City-State-Zip: COLUMBIA MD 21044

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

Title CHAIRMAN  
Name LAZIO, RICK  
Address 11000 BROKEN LAND PARKWAY  
SUITE 700  
City-State-Zip: COLUMBIA MD 21044

Title DIRECTOR  
Name LAYTON, DONALD  
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LINDA SCHECHTER MANLEY**SENIOR VICE PRESIDENT 04/02/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title SENIOR VICE PRESIDENT  
Name PETROSKI, LIANNA  
Address 11000 BROKEN LAND PARKWAY  
SUITE 700  
City-State-Zip: COLUMBIA MD 21044

Title SECRETARY  
Name MANLEY, LINDA SCHECHTER  
Address 11000 BROKEN LAND PARKWAY  
SUITE 700  
City-State-Zip: COLUMBIA MD 21044

Title AUTHORIZED SIGNER  
Name MANLEY, LINDA SCHECHTER  
Address 11000 BROKEN LAND PARKWAY  
SUITE 700  
City-State-Zip: COLUMBIA MD 21044

Title SENIOR VICE PRESIDENT  
Name BECKMANN, WILLIAM  
Address 11000 BROKEN LAND PARKWAY  
SUITE 700  
City-State-Zip: COLUMBIA MD 21044

Title SENIOR VICE PRESIDENT  
Name MANLEY, LINDA SCHECHTER  
Address 11000 BROKEN LAND PARKWAY  
SUITE 700  
City-State-Zip: COLUMBIA MD 21044

Title CHIEF LEGAL OFFICER  
Name MANLEY, LINDA SCHECHTER  
Address 11000 BROKEN LAND PARKWAY  
SUITE 700  
City-State-Zip: COLUMBIA MD 21044

Title EXECUTIVE VICE PRESIDENT  
Name HERRMANN, CHRISTOPHER  
Address 11000 BROKEN LAND PARKWAY  
SUITE 700  
City-State-Zip: COLUMBIA MD 21044