

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 823795

FILED
Apr 04, 2007
Secretary of State

Entity Name: ENTERPRISE FUND DISTRIBUTORS, INC.

Current Principal Place of Business:

3343 PEACHTREE RD., N E
SUITE 450
ATLANTA, GA 303261022 US

New Principal Place of Business:

Current Mailing Address:

3343 PEACHTREE RD., N. E.
SUITE 450
ATLANTA, GA 303261022 US

New Mailing Address:

FEI Number: 22-1990598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/C () Delete
Name: JOENK, STEVEN M
Address: 1290 AVENUE OF THE AMERICAS, 8TH FLR
City-St-Zip: NEW YORK, NY 10104 US

Title: D/P () Delete
Name: SCHILT, JR., JOHN A
Address: 3343 PEACHTREE RD NE, SUITE 450
City-St-Zip: ATLANTA, GA 30326 US

Title: D () Delete
Name: CANTWELL, MARY
Address: 1290 AVENUE OF THE AMERICAS, 8TH FLR
City-St-Zip: NEW YORK, NY 10104 US

Title: SCTY () Delete
Name: GALASSO, LINDA
Address: 1290 AVENUE OF THE AMERICAS, 12TH FL
City-St-Zip: NEW YORK, NY 10104 US

Title: T () Delete
Name: KOZLOWSKI, KENNETH T
Address: 1290 AVENUE OF THE AMERICAS, 8TH FLR
City-St-Zip: NEW YORK, NY 10104 US

Title: DOC () Delete
Name: YOUNG, CATHARINE C
Address: 3343 PEACHTREE RD NE, SUITE 450
City-St-Zip: ATLANTA, GA 30326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CATHARINE C. YOUNG

O/D

04/04/2007

Electronic Signature of Signing Officer or Director

Date