## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000002425

Entity Name: ENTERPRISE CAPITAL MANAGEMENT, INC.

FILED Mar 17, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3343 PEACHTREE ROAD, N.E., SUITE 450 ATLANTA, GA 30326 **Current Mailing Address: New Mailing Address:** 3343 PEACHTREE ROAD, N.E., SUITE 450 ATLANTA, GA 30326 FEI Number: 58-1660289 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCD ( ) Delete Title: (X) Change ( ) Addition UGOLYN, VICTOR JOENK, STEVEN M Name: Name: 17 CARDINAL COURT 271 BEDFORD ROAD Address: Address: RIDGEFIELD, CT 06877 US City-St-Zip: City-St-Zip: PLEASANTVILLE, NY 10570 US Title: **VPSD** Title: (X) Change ( ) Addition () Delete KOZLOWSKI, KENNETH T Name: MCCLELLAN, CATHERINE R Name: 1647 FRIAR TUCK ROAD 549 PINES LAKE DRIVE WEST Address: Address: ATLANTA, GA 30309 US WAYNE, NJ 07470 US City-St-Zip: City-St-Zip:

Title: VCFO () Delete
Name: GOFF, PHILLIP G
Address: 40208 MILL CREEK AVE
City-St-Zip: ALPHARETTA, GA 30022 US

 Title:
 VTAS ( ) Delete

 Name:
 WILLIAMSON, HERBERT M

 Address:
 500 STONEBROOK FARMS DRIVE

 City-St-Zip:
 ALPHARETTA, GA 30201 US

Title: S (X) Change () Addition
Name: LOUIE, PATRICIA
Address: 220 MADISON AVENUE, APT 9A
City-St-Zip: NEW YORK, NY 10016 US

CANTWELL, MARY E

345 EAST 93RD STREET, #17G

NEW YORK, NY 10128 US

(X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BRIAN VISLUSKY VP 03/17/2005