

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:26

DOCUMENT # P06764 (5)

1. Corporation Name

THE ENTERPRISE FOUNDATION, INC.

Principal Place of Business

Mailing Address

10227 WINCOPIN CIR
S500
COLUMBIA MD 21044
US

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S500
COLUMBIA MD 21044
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1985

3a. Date of Last Report

02/22/1994

4. FEI Number

52-1231931

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

☒

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPAS
NAME LAZAR, ELLEN W.
STREET ADDRESS 10227 WINCOPIN CIR S500
CITY-ST-ZIP COLUMBIA MD

1.1 TITLE VP
1.2 NAME Edward L. Quinn
1.3 STREET ADDRESS 10227 Wincopin Circle, Ste. 500
1.4 CITY-ST-ZIP Columbia, MD
☐ Change ☒ Addition

TITLE VP
NAME RAMSEY, REYNARD
STREET ADDRESS 10227 WINCOPIN CIR S500
CITY-ST-ZIP COLUMBIA MD

2.1 TITLE VP
2.2 NAME Patrick Costigan
2.3 STREET ADDRESS 218 W. Saratoga, 2nd Fl.
2.4 CITY-ST-ZIP Baltimore, MD 21202
☐ Change ☒ Addition

TITLE T
NAME HESSE, RICHARD
STREET ADDRESS 10227 WINCOPIN CIR S500
CITY-ST-ZIP COLUMBIA MD

3.1 TITLE T
3.2 NAME Harry W. Albright, Jr.
3.3 STREET ADDRESS 1270 Ave. of the Americas, Ste 1914
3.4 CITY-ST-ZIP New York, NY 10020
☐ Change ☒ Addition

TITLE FC
NAME ROUSE, JAMES W
STREET ADDRESS 10227 WINCOPIN CIR S500
CITY-ST-ZIP COLUMBIA MD

4.1 TITLE T
4.2 NAME Susan G. Baker
4.3 STREET ADDRESS 5045 Cathedral Ave., N.W.
4.4 CITY-ST-ZIP Washington, D.C. 20016
☐ Change ☒ Addition

TITLE VPS
NAME ROUSE, PATRICIA T
STREET ADDRESS 10227 WINCOPIN CIR S500
CITY-ST-ZIP COLUMBIA MD

5.1 TITLE T
5.2 NAME Catherine P. Bessant
5.3 STREET ADDRESS 730 15th St., N.W., 8th Floor
5.4 CITY-ST-ZIP Washington, D.C. 20013
☐ Change ☒ Addition

TITLE CCEO
NAME BARTON, HARVEY F.
STREET ADDRESS 10227 WINCOPIN CIR S500
CITY-ST-ZIP COLUMBIA MD

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard Hessey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Hessey, Treasurer, 1/17/95

Date

410-964-1230

Daytime Phone