2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2004 8:00 am Secretary of State 02-25-2004 90049 017 ****61.25

1. Entity Nam	MENT # P06764 ERPRISE FOUNDATION, INC	C	es de ² 19 a - 21			02-2	5-2004 90	0049 017 **	**61	.25
Principal Place 10227 WINCO \$500 COLUMBIA, N	•	Mailing Address 10227 WINCOPIN CIR \$500 COLUMBIA, MD 21044	227 WINCOPIN CIR 00			44018034				
·		Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				_02052004 Chg-N	1P ·	·CR2E037·(10.	(03)	ži.
City & State		City & State				4. FEI Number 52-1231931			_	plied For t Applicable
Zìp .	Country	Zip	Cou	ıntry		5. Certificate of Status	Desired	□ \$8.7 Fee Re		
	6. Name and Address of Current Re	gistered Agent		Name		7. Name and Address	of New Reg	istered Agent		
THE PRENTICE-HALL CORPORATION SYSTEM INC.										
1201 HAYS STREET - SUITE 105				Street Address (P.O. Box Number is Not Acceptable)						
	SSEE, FL 32301		1							-
:	and the second of the second		City			FL i Zip Code				
SIGNATURE .	Signature, typed or printed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2004	itite il applicable. (NOTE	paign F			when reinstating) \$5.00 May Be Added to Fees		DATE Ke.check paya a Department		
10.	OFFICERS AND DIREC	CTORS	11.		Αſ	DDITIONS/CHANGES T	O OFFICERS	AND DIRECTO	RS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGC THOMAS, FAITH E. 10227 WINCOPIN CIR., STE. 500 COLUMBIA, MD	☐ Delete						□ Cr	ange	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRIGHT, HARRY W., JR. 101-MAMARONECK AVE MAMARONECK, NY 10543	☑ Delete			215	eare, Chush Eighth Streetington, DC	et, NE	. . .	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO CAVANAUGH, MARK 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	. Delete	•				<u>. 2000 g 2</u>	∵ Cr	iange	Addition
TITLE NAME` STREET ADDRESS CITY-ST-ZIP	D BESSANT, CATHERINE P. 100 N TRYON BANK OF AMERICA CHARLOTTE, NC 28255	☐ Delete	R	1				□ Cr	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ROUSE, PATRICIA T 10227 WINCOPIN CIR S500 COLUMBIA, MD	☐ Delete						Cr	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO BARTON, HARVEY F. 10227 WINCOPIN CIR S500 COLUMBIA, MD	Delete	"CITY	E ET ADDRESS - ST-ZIP	od in Sec	t 1 1 119 07/3)(i) Florida	Statutes 16	CH		Addition

indicated on this report or supplemental report is true and accurate and inat my signature shall have the same legal effect as if made under oath; that I am an officer or director of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Faith E. Thomas

410-964-1230

Date

2/5/04

Daytime Phone #