#### 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000485

Entity Name: ENTERPRISE COMMUNITY INVESTMENT, INC.

FILED
May 03, 2018
Secretary of State
CC9284512928

## **Current Principal Place of Business:**

11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044

### **Current Mailing Address:**

11000 BROKEN LAND PARKWAY 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:

Name

Name

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRES Title VP

Name WERHANE, CHARLES Name WILSON, SUSAN

Address 11000 BROKEN LAND PARKWAY Address 11000 BROKEN LAND PARKWAY

City-State-Zip: COLUMBIA MD 21044 City-State-Zip: COLUMBIA MD 21044

Title SVP Title VICE PRESIDENT & TREASURER,

HOEKMAN, SCOTT

Address 11000 BROKEN LAND PARKWAY Name GALENTINE, JEFFREY

Address 11000 BROKEN LAND PARKWAY

Title

Name

City-State-Zip: COLUMBIA MD 21044

City-State-Zip: COLUMBIA MD 21044

Title SENIOR VICE PRESIDENT,

SYNDICATION

Name MOORE, RAOUL

Address 11000 BROKEN LAND PARKWAY Address 11000 BROKEN LAND PARKWAY

City-State-Zip: COLUMBIA MD 21044

ıry-State-Zip: COLUMBIA MD 21044 City-State-Zip: COLUMBIA MD 21044

Title VP, INVESTMENT MANAGEMENT, CAPITAL MARKETS Title VP, CREDIT

FITZPATRICK, KARI Name BRANDENBURG, JOHN

Address 11000 BROKEN LAND PARKWAY Address 11000 BROKEN LAND PARKWAY

City-State-Zip: COLUMBIA MD 21044-

#### Continues on page 2

SENIOR VICE PRESIDENT.

STRUCTURED FINANCE

WESOLOWSKI, JOSEPH

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: SALLY HEBNER V.P. 05/03/2018

# Officer/Director Detail Continued:

Title VP, SYNDICATION

Name ELGERT, MONICA

Address 11000 BROKEN LAND PARKWAY

City-State-Zip: COLUMBIA MD 21044-

Title VP

Name SHACK, STEPHANIE

Address 11000 BROKEN LAND PARKWAY

City-State-Zip: COLUMBIA MD 21044

Title VP

Name HEBNER, SALLY

Address 11000 BROKEN LAND PARKWAY

City-State-Zip: COLUMBIA MD 21044