

1.) CORPORATION NAME:

DUE DATE: **2/28/2013**

Enterprise Community Partners, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1166497**

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10227 WINCOPIN CIR

CITY/ST/ZIP: COLUMBIA, MD 21044

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: TERRI LUDWIG TITLE: PRES/CEO ADDRESS: 10227 WINCOPIN CIRCLE STE 500 CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALEX AVITABILE TITLE: VICE PRESIDENT ADDRESS: 10227 WINCOPIN CIR, STE 500 CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DAVID BOWERS TITLE: VICE PRESIDENT ADDRESS: 10227 WINCOPIN CIR, STE 500 CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARY JO BARRANCO TITLE: VICE PRESIDENT ADDRESS: 10227 WINCOPIN CIRCLE CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ANTHONY J DI SPIGNO TITLE: SR VP ADDRESS: 10227 WINCOPIN CIRCLE CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KEITH FAIREY TITLE: VICE PRESIDENT ADDRESS: 10227 WINCOPIN CIR, STE 500 CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM F FREY SR VP 80 FIFTH AVENUE 6TH FLOOR NEW YORK, NY 10011-8002	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW E GEER VICE PRESIDENT 10227 WINCOPIN CIRCLE COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD GROSS VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT GROSSINGER VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW HOFFMAN VICE PRESIDENT 10227 WINCOPIN CIRCLE COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMALIA KASTBERG VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN LADO VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY ANN LEONARD VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD MANEKIN VICE PRESIDENT 10227 WINCOPIN CIRCLE COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK MCDERMOTH VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETRA MONTAGUE VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MELINDA J POLLACK VICE PRESIDENT 10227 WINCOPIN CIRCLE COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD ROSENTHAL VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY SCHAFFER VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ABBY JO SIGAL SR VP 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATIE SWENSON VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHELLE WHETTEN VICE PRESIDENT 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FAITH E THOMAS SVP/GC/SEC 10227 WINCOPIN CIRCLE SUITE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL MCNEELY SVP, CFO & TREA 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A. SCOTT ANDERSON SR VP 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NAOMI BAYER SR VP 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LORI CHATMAN SR VP 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: PAUL CUMMINGS TITLE: SR VP ADDRESS: 10227 WINCOPIN CIR, STE 500 CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ALAZNE SOLIS TITLE: SR VP ADDRESS: 10227 WINCOPIN CIR, STE 500 CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: J. RONALD TERWILLIGER TITLE: CHAIRMAN ADDRESS: 10227 WINCOPIN CIR, STE 500 CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PRISCILLA ALMODOVAR TITLE: TRUSTEE ADDRESS: 10227 WINCOPIN CIR, STE 500 CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GREGORY BAER TITLE: TRUSTEE ADDRESS: 10227 WINCOPIN CIR, STE 500 CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARIA BARRY TITLE: TRUSTEE ADDRESS: 10227 WINCOPIN CIRCLE CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BILL BECKMANN TITLE: TRUSTEE ADDRESS: 10227 WINCOPIN CIR, STE 500 CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOSEPH BROWN TITLE: TRUSTEE ADDRESS: 10227 WINCOPIN CIR, STE 500 CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RAYMOND CHRISTMAN TITLE: TRUSTEE ADDRESS: 10227 WINCOPIN CIR, STE 500 CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD COLES TITLE: TRUSTEE ADDRESS: 10227 WINCOPIN CIR, STE 500 CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SHEILA CROWLEY TITLE: TRUSTEE ADDRESS: 10227 WINCOPIN CIR, STE 500 CITY/ST/ZIP/CO: COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ADAM FLATTO TRUSTEE 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DORA LEONG GALLO TRUSTEE 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALICIA GLEN TRUSTEE 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD GRZYWINSKI TRUSTEE 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICK LAZIO TRUSTEE 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANKLIN RAINES TRUSTEE 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICOLAS RETSINAS TRUSTEE 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONATHAN ROSE TRUSTEE 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TONY SALAZAR TRUSTEE 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RENATA SIMRIL TRUSTEE 10227 WINCOPIN CIRCLE COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES WERHANE TRUSTEE 10227 WINCOPIN CIR, STE 500 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	REGINALD WILLIAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TRUSTEE		
ADDRESS:	10227 WINCOPIN CIR, STE 500		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	BARRY ZIGAS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TRUSTEE		
ADDRESS:	10227 WINCOPIN CIR, STE 500		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	TIFFANY MANUEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10227 WINCOPIN CIRCLE		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	OYESHOLA OLATOYE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10227 WINCOPIN CIRCLE		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	THOMAS OSDOBA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10227 WINCOPIN CIRCLE		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	MEAGHAN SHANNON-VLKOVIC	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10227 WINCOPIN CIRCLE		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	RAPHAEL BOSTIC	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TRUSTEE		
ADDRESS:	10227 WINCOPIN CIRCLE		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	LANCE FORS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TRUSTEE		
ADDRESS:	10227 WINCOPIN CIRCLE		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	EDWARD NORTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TRUSTEE		
ADDRESS:	10227 WINCOPIN CIRCLE		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	JOHN REILLY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TRUSTEE		
ADDRESS:	10227 WINCOPIN CIRCLE		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		
NAME:	MICHAEL SLCOUM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TRUSTEE		
ADDRESS:	10227 WINCOPIN CIRCLE		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ FAITH E THOMAS	FAITH E THOMAS, SVP/GC/SEC	2/27/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		