

1.) CORPORATION NAME:

Enterprise Community Loan Fund, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

DUE DATE: **7/31/2011**

SCC ID NO: **F1676669**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10227 WINCOPIN CIR
STE 505

CITY/ST/ZIP: COLUMBIA, MD 21044-9998

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: LORI CHATMAN
TITLE: PRESIDENT
ADDRESS: 10227 WINCOPIN CIR
STE 505
CITY/ST/ZIP/CO: COLUMBIA, MD 21044-

OFFICER DIRECTOR

NAME: MICHAEL MCNEELY
TITLE: VICE PRESIDENT
ADDRESS: 10227 WINCOPIN CIR
STE 505
CITY/ST/ZIP/CO: COLUMBIA, MD 21044-

OFFICER DIRECTOR

NAME: FAITH THOMAS
TITLE: SECRETARY
ADDRESS: 10227 WINCOPIN CIR
STE 505
CITY/ST/ZIP/CO: COLUMBIA, MD 21044-

OFFICER DIRECTOR

NAME: CHARLOTTE CROW
TITLE: TREASURER
ADDRESS: 10227 WINCOPIN CIR
STE 505
CITY/ST/ZIP/CO: COLUMBIA, MD 21044-

OFFICER DIRECTOR

NAME: WILLIAM FREY TITLE: ASST SECRETARY ADDRESS: 10227 WINCOPIN CIR STE 500 CITY/ST/ZIP/CO: COLUMBIA, MD 21044-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ABBY JO SIGAL TITLE: ASST SECRETARY ADDRESS: 10227 WINCOPIN CIRCLE CITY/ST/ZIP/CO: COLUMBIA, MD 21044-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DOROTHY BROADMAN TITLE: DIRECTOR ADDRESS: 10227 WINCOPIN CIRCLE CITY/ST/ZIP/CO: COLUMBIA, MD 21044-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RONALD GRZYWINSKI TITLE: DIRECTOR ADDRESS: 10227 WINCOPIN CIRCLE CITY/ST/ZIP/CO: COLUMBIA, MD 21044-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SCOTT HOEKMAN TITLE: DIRECTOR ADDRESS: 10227 WINCOPIN CIRCLE CITY/ST/ZIP/CO: COLUMBIA, MD 21044-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TERRI LUDWIG TITLE: DIRECTOR ADDRESS: 10227 WINCOPIN CIRCLE CITY/ST/ZIP/CO: COLUMBIA, MD 21044-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CLARA MILLER TITLE: DIRECTOR ADDRESS: 10227 WINCOPIN CIRCLE CITY/ST/ZIP/CO: MCOLUMBIA, MD 21044-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT TSIEN TITLE: DIRECTOR ADDRESS: 10227 WINCOPIN CIRCLE CITY/ST/ZIP/CO: COLUMBIA, MD 21044-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES WERHANE TITLE: DIRECTOR ADDRESS: 10227 WINCOPIN CIRCLE CITY/ST/ZIP/CO: COLUMBIA, MD 21044-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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.	
<u>/s/ FAITH THOMAS</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>FAITH THOMAS, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE
<u>8/25/2011</u> 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.	