

1.) CORPORATION NAME:

**Enterprise Community Loan Fund, Inc.**

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

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

SCC ID NO: **F1676669**

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  
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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	10227 WINCOPIN CIR		
	STE 505		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		

NAME:	MICHAEL MCNEELY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10227 WINCOPIN CIR		
	STE 505		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		

NAME:	FAITH THOMAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	10227 WINCOPIN CIR		
	STE 505		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		

NAME:	WILLIAM FREY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	10227 WINCOPIN CIR		
	STE 500		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		

NAME:	ABBY JO SIGAL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	10227 WINCOPIN CIRCLE		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21044		

NAME: CHARLOTTE CROW TITLE: TREASURER ADDRESS: 10227 WINCOPIN CIR STE 505 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: 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.		
/s/ FAITH THOMAS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	FAITH THOMAS, SECRETARY PRINTED NAME AND CORPORATE TITLE	7/31/2012 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.		