



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 81470		2. Name of Corporation Enterprise Equities, Inc.			
3. Street Address Principal Business Office 10227 Wincopin Circle, Ste 800		City Columbia		State MD	Zip 21044
4. Business Phone No. 410 964 0552		5. State of Incorporation DELAWARE			6. SIC Code 6064
7. Brief Description of the Character of Business Conducted in Rhode Island SECURITIES BROKER/DEALER.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name F. Barton Harvey III			Vice President Name None		
Street Address 10227 Wincopin Circle, Ste 800			Street Address		
City Columbia	State MD	Zip 21044	City	State	Zip
Secretary Name Charles E. Sydnor III			Treasurer Name Randall C Lott		
Street Address 10227 Wincopin Circle, Ste 800			Street Address 10227 Wincopin Circle, Ste 800		
City Columbia	State MD	Zip 21044	City Columbia	State MD	Zip 21044
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name F. Barton Harvey III			Director Name		
Street Address 10227 Wincopin Circle, Ste 800			Street Address		
City Columbia	State MD	Zip 21044	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 PAR VALUE			1000	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



81470

File Date	2-7-05
Check No	000173
By	KTB
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer
Randall C. Lott
Date
2/3/2005
Print or Type Name of Officer
Sr. Vice President / TREASURER
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 81470		2. Name of Corporation Enterprise Equities, Inc.		
3. Street Address Principal Business Office 10227 Wincopin Circle, Suite 800		City Columbia	State MD	Zip 21044
4. Business Phone No. 410-964-0552		5. State of Incorporation DELAWARE		6. SIC Code 6064
7. Brief Description of the Character of Business Conducted in Rhode Island SECURITIES BROKER/DEALER.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name F. Barton Harvey III		Vice President Name None		
Street Address 10227 Wincopin Circle, Suite 800		Street Address		
City Columbia	State MD	Zip 21044	City	State
Secretary Name Charles E. Sydnor III		Treasurer Name F. Barton Harvey III		
Street Address 10227 Wincopin Circle, Suite 800		Street Address 10227 Wincopin Circle, Suite 800		
City Columbia	State MD	Zip 21044	City Columbia	State MD
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name F. Barton Harvey III		Director Name		
Street Address 10227 Wincopin Circle Suite 800		Street Address		
City Columbia	State MD	Zip 21044	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 COMM \$1.00 PAR VALUE			1000	Common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 1 4 7 0 *

File Date 2.5.04
142
Check No.
By: ac

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

F. Barton Harvey III

Print or Type Name of Officer

President

Title of Officer

Enterprise Equities, Inc.

Officers

Name	Title
F. Barton Harvey III	President
Charles E. Sydnor III	Secretary
F. Barton Harvey III	Treasurer
Randall C. Lott	Asst. Treasurer

Board of Directors

F. Barton Harvey III

The business address for all officers and directors is: 10227 Wincopin Circle, Suite 800, Columbia, Maryland 21044



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *81470*		2. Name of Corporation Enterprise Equities, Inc.			
3. Street Address Principal Business Office 10227 WINCOPIN CIRCLE, SUITE 800			City COLUMBIA	State MD	Zip 21044-03405
4. Business Phone No. 4109640552		5. State of Incorporation DELAWARE			6. SIC Code 6064
7. Brief Description of the Character of Business Conducted in Rhode Island SECURITIES BROKER/DEALER.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name F. Barton Harvey			Vice President Name None		
Street Address 10227 Wincopin Circle, Suite 800			Street Address		
City Columbia	State MD	Zip 21044	City	State	Zip
Secretary Name None			Treasurer Name F. Barton Harvey		
Street Address			Street Address 10227 Wincopin Circle, Suite 800		
City	State	Zip	City	State	Zip
Columbia	MD	21044	Columbia	MD	21044
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 PAR VALUE			1000	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 1 4 7 0 *

81470 FBC4/8/031:58:58 PM

File Date 4-14-03

Check No. 121

By: ICP

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

F. M. Harvey 4/8/03
Signature of Officer Date
F. Barton Harvey III
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401 222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **81470** 2. Name of Corporation **Enterprise Equities, Inc.**
3. Street Address Principal Business Office **10227 WINCOPIN CIRCLE STE 800** City **COLUMBIA** State **MD** Zip **21044-3400**
4. Business Phone No. **410-964-0552** 5. State of Incorporation **DELAWARE** 6. SIC Code **6064**

7. Brief Description of the Character of Business Conducted in Rhode Island
Offering finance-related products for low-income housing.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name F. BARTON HARVEY III Street Address 10227 WINCOPIN CIRCLE STE 800 City COLUMBIA State MD Zip 21044-3400 Secretary Name F. BARTON HARVEY III Street Address 10227 WINCOPIN CIRCLE STE 800 City COLUMBIA State MD Zip 21044-3400	Vice President Name Street Address City State Zip Treasurer Name F. BARTON HARVEY III Street Address 10227 WINCOPIN CIRCLE STE 800 City COLUMBIA State MD Zip 21044-3400
--	--

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name F. BARTON HARVEY III Street Address 10227 WINCOPIN CIRCLE STE 800 City COLUMBIA State MD Zip 21044-3400	Director Name Street Address City State Zip
--	---

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 Common \$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 1 4 7 0 *

File Date 2-22-02

Check No. 000073

By KMC

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

F. Barton Harvey III 2/11/02
Signature of Officer Date

F. Barton Harvey III
Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No. 81470 2 Name of Corporation Enterprise Equities, Inc.

3 Street Address Principal Business Office

10227 Wincopin Circle, Ste 800

City

Columbia

State

Maryland

Zip

21044

4 Business Phone No.

410-964-0552

5 State of Incorporation
DELAWARE

6 State Code
8064

7 Brief Description of the Character of Business Conducted in Rhode Island

Broker Dealer

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

F. Barton Harvey III

Vice President Name

none

Street Address

10227 Wincopin Circle, Ste 800

Street Address

City Columbia State MD Zip 21044

City State Zip

Secretary Name

none

Treasurer Name

F. Barton Harvey III

Street Address

10227 Wincopin Circle, Ste 800

City Columbia State MD Zip 21044

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

none

Director Name

none

Street Address

Street Address

City State Zip

City State Zip

Director Name

none

Director Name

none

Street Address

Street Address

City State Zip

City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

1,000 COMM \$1.00 PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

1,000 Common \$1

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 1 4 7 0 *

File Date 4-2-01

Check No. 50

By: 2c

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

F. Barton Harvey III 3/26/01
Signature of Officer Date

F. Barton Harvey III
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **81470** 2. Name of Corporation
Enterprise Equities, Inc.

3. Street Address Principal Business Office
10227 Wincopin Circle, Ste 800 City **Columbia** State **Maryland** Zip **21044**
4. Business Phone No. **410-964-0552** 5. State of Incorporation
DELAWARE 6. SIC Code
6064

7. Brief Description of the Character of Business Conducted in Rhode Island

Broker Dealer

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

F. Barton Harvey III

Street Address

10227 Wincopin Circle, Ste 800

City

Columbia

State

MD

Zip

21044

Secretary Name

F. Barton Harvey III

Street Address

10227 Wincopin Circle, Ste 800

City

Columbia

State

MD

Zip

21044

Vice President Name

Street Address

City

State

Zip

Treasurer Name

F. Barton Harvey III

Street Address

10227 Wincopin Circle, Ste 800

City

Columbia

State

MD

Zip

21044

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

F. Barton Harvey III

Street Address

10227 Wincopin Circle, Ste 800

City

Columbia

State

MD

Zip

21044

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

\$1

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

\$1

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 1 4 7 0 *

File Date: 9/15

Check No.: 23

By: CE

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

F. Barton Harvey III 9/15/00
Signature of Officer Date

F. Barton Harvey III
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **81470** 2. Name of Corporation **Enterprise Equities, Inc.**
3. Street Address Principal Business Office
10227 WINCOPIN CIRCLE STE 810 City **COLUMBIA** State **MD** Zip **21044**
4. Business Phone No. **410-964-0552** 5. State of Incorporation **DELAWARE** 6. SIC Code **6064**
7. Brief Description of the Character of Business Conducted in Rhode Island

SECURITIES BROKER DEALER

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name MICHAEL CURRAN Street Address 10227 WINCOPIN CIRCLE STE 810 City COLUMBIA State MD Zip 21044 Secretary Name FAITH THOMAS Street Address 10227 WINCOPIN CIRCLE STE 810 City COLUMBIA State MD Zip 21044	Vice President Name F. BARTON HARVEY III Street Address 10227 WINCOPIN CIRCLE STE 810 City COLUMBIA State MD Zip 21044 Treasurer Name HOLLY STAGMER Street Address 10227 WINCOPIN CIRCLE STE 810 City COLUMBIA State MD Zip 21044
--	--

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name F. BARTON HARVEY III Street Address 10227 WINCOPIN CIRCLE STE 810 City COLUMBIA State MD Zip 21044 Director Name Street Address City State Zip	Director Name Street Address City State Zip
--	---

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1,000	COMMON	\$1

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
1,000	COMMON	\$1

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1/11/99
Check No. 624
By: JS

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Holly Stagmer Date 2/25/99

Print or Type Name of Officer
HOLLY STAGMER

Title of Officer
CHIEF FINANCIAL OFFICER



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **81470** 2. Name of Corporation **Enterprise Equities, Inc.**

3. Street Address Principal Business Office

10227 Wincopin Circle Suite 810

4. Business Phone No.

410-964-0552

5. State of Corporation **DELAWARE**

City

Columbia

State

Maryland

Zip

21044-3405

6. SIC **8664**

7. Brief Description of the Character of Business Conducted in Rhode Island

Securities Broker-Dealer

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

Mark Sissman

Street Address

10227 Wincopin Circle, Ste 810

City

Columbia

State

MD

Zip

21044-3405

Vice President Name

None

Street Address

City

State

Zip

Secretary Name

F. Barton Harvey, III

Street Address

10227 Wincopin Circle, Ste 810

City

Columbia

State

MD

Zip

21044-3405

Treasurer Name

F. Barton Harvey, III

Street Address

10227 Wincopin Circle, Ste 810

City

Columbia

State

MD

Zip

21044-3405

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

Mark Sissman

Street Address

10227 Wincopin Circle, Ste 810

City

Columbia

State

MD

Zip

21044-3405

Director Name

Street Address

City

State

Zip

Director Name

F. Barton Harvey, III

Street Address

10227 Wincopin Circle, Ste 810

City

Columbia

State

MD

Zip

21044-3405

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

\$1

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

\$1

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 1 4 7 0 *

File Date: **2/2/98**

Check No: **1579**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

January 20, 1998

Date

Mark Sissman
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **81470** 2. Name of Corporation **Enterprise Equities, Inc.**
3. Street Address Principal Business Office **10227 Wincopin Circle, Suite 810** City **Columbia** State **MD** Zip **21044-3405**
4. Business Phone No. **(410) 964-0552** 5. State of Incorporation **DELAWARE** 6. SIC Code **6064**

7. Brief Description of the Character of Business Conducted in Rhode Island

Securities Broker-Dealer

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Mark Sissman	Vice President Name None
Street Address 10227 Wincopin Circle, Suite 810	Street Address
City Columbia State MD Zip 21044-3405	City State Zip

Secretary Name F. Barton Harvey, III	Treasurer Name F. Barton Harvey, III
Street Address 10227 Wincopin Circle, Suite 810	Street Address 10227 Wincopin Circle, Suite 810
City Columbia State MD Zip 21044-3405	City Columbia State MD Zip 21044-3405

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Mark Sissman	Director Name None
Street Address 10227 Wincopin Circle, Suite 810	Street Address
City Columbia State MD Zip 21044-3405	City State Zip
Director Name F. Barton Harvey, III	Director Name None
Street Address 10227 Wincopin Circle, Suite 810	Street Address
City Columbia State MD Zip 21044-3405	City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	\$1	1,000	Common	\$1

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 1 4 7 0 *

File Date: 1/21/97

Check No.: 1522

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 1-14-97

Mark Sissman
Print or Type Name of Officer

President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.

2. NAME OF CORPORATION

81470

Enterprise Equities, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE

CITY

STATE

ZIP CODE

10227 Wincopin Circle, Ste 810

Columbia

MD

21044-3405

4. BUSINESS PHONE NO.

5. STATE OF INCORPORATION

6. SIC CODE

(410) 964-0552

DELAWARE

6064

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

Securities Broker-Dealer

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME

VICE PRESIDENT NAME

Mark Sissman

None

STREET ADDRESS

STREET ADDRESS

10227 Wincopin Circle, Ste 810

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

Columbia

MD

21044-3405

SECRETARY NAME

TREASURER NAME

F. Barton Harvey, III

F. Barton Harvey, III

STREET ADDRESS

STREET ADDRESS

10227 Wincopin Circle, Ste 810

10227 Wincopin Circle, Ste 810

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

Columbia

MD

21044-3405

Columbia

MD

21044-3405

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME

DIRECTOR NAME

Mark Sissman

F. Barton Harvey, III

STREET ADDRESS

STREET ADDRESS

10227 Wincopin Circle, Ste 810

10227 Wincopin Circle, Ste 810

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

Columbia

MD

21044-3405

Columbia

MD

21044-3405

DIRECTOR NAME

DIRECTOR NAME

None

None

STREET ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES

AUTHORIZED SHARES

CLASS / SERIES

PAR VALUE

NUMBER OF SHARES

ISSUED SHARES

CLASS / SERIES

PAR VALUE

1,000

Common

\$1

1,000

Common

\$1

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date:

1/26/96

Check No:

1422

By:

cc/4f

For Secretary of State Use Only

Signature of Officer

Mark Sissman

Print or Type Name of Officer

President

Title of Officer

1-18-96

Date



174722
1818-54

ANNUAL REPORT

Please Type or Print
File Annually - Jan. 1 - March 1
Filing Fee \$50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0081470

Annual Report for the year: 1995

Name of Corporation: Enterprise Equities, Inc.

Business entity organized under the laws of the State of: Delaware

For foreign entity, address and telephone number of principal office:

10227 Wincopin Circle, Suite 809
Columbia, MD 21044-3405
Phone: (410) 964-0552

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

Securities Broker - Dealer

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Phone: ()

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Mark Sissman	10227 Wincopin Circle, Suite 809	Columbia, Md.	21044-3405

VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
----------------	----------------	------------	----------

SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
F. Barton Harvey, III	10227 Wincopin Circle, Suite 809	Columbia, MD.	21044-3405

TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
F. Barton Harvey, III	10227 Wincopin Circle, Suite 809	Columbia, MD.	21044-3405

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Mark Sissman	10227 Wincopin Circle, Suite 809	Columbia, MD.	21044-3405

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
F. Barton Harvey, III	10227 Wincopin Circle, Suite 809	Columbia, MD.	21044-3405

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
------	----------------	------------	----------

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
1,000	Common

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
100	Common

Date: JANUARY 14, 1995

By:

PRINT OR TYPE NAME OF OFFICER SIGNING

Mark Sissman

TITLE OF OFFICER SIGNING

President

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

PRENTICE-HALL CORP SYSTEM
170 WESTMINSTER STREET, SUITE 900
PROVIDENCE RI 02903

FILED

JAN 20 1995
By: 611347