

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

Matthew A. Brown, Secretary of State

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

PROFIT	CORPORAT	ION	ANNUAL	REPORT	FOR TI	HE YEAR _
Filing Period:	January 1 - March	<i>I</i> •	Filing Fee: \$5	0.00		

2005

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T Corporate ID No. 81470	2 Name of Confessation En				
3 Street Address Principal Business	Enterprise Eq	uities, inc.	Ćiji a	State	Zib
10227 Wind	poin Circle	Ste 800	Columbia	md	21044
a. Biorness Phone No	7	5 State of Incorps ration			6 SIG Gode
40964 0552		DELAWARE			6064
7 Brief Description of the Character SECURITIES BROKER	r of Business Conducted (i RVDEALER <mark>.</mark>	i Klade Island			
8. NAMES AND ADDRESSE	S OF THE OFFICER	S: ("X" BOX FOR ATTA	A <i>CHMENT</i>) [FILL IN SP	ACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
F. Barton Har	vey III		None		
Street Address	Cicala S	La Cora	Street Address		•
10227 Wincopy	n arcie, o	100	- Ciry	State	19.
Columbia] mD	te800 ^12/1044	(,n)	State	Zq.
Charles E. S	Sudnor III		Randall C	L044	
Street Address		C/ Doo	Street Address	. 0 .	C/a Pag
10277 Wincop	in Circle,		10227 WINC	opin Girde	SPE 800
Columbia	MD	21044	Columbia	State MD	21044
9. NAMES AND ADDRESSE! Director Name	S OF THE DIRECTO	ORS: ("X" BOX FOR AT		SPACES BEFORE USING	ATTACHMENTS
//	errenIII		Director Name		
. 4	·		Street Address		
10227 Wince	min Circle	e,810 800			
Columbia	State MD	21044	Cuy	State	Ζφ
Director Name	···		Director Name		
Street Address		·			
megi sagarss			Street Address		
City.	State	Zφ	Cnv	State	Zφ
10. SHARES AUTHORIZED	 ("X" BOX FOR AT	 TACHMENT) [11. SHARES ISSUED ("X	 * BOX FOR ATTACHM	 ENT) []
AUTHORIZED SHARES Number of Shares	Class/Series	Dan Makan	ISSUED SHARLS	1	
monte y arangs	CHIN WITTS	Pur Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 PAR V	ALUE		1000	Common	\$1.00
This report must be	signed in ink by ei	ther the President, Vice I	President, Secretary, Assistant	Secretary, Treasurer, Re	ceiver or Trustee
	·		•	•	

Inder penalty of perjury, I declare and affirm that neluding any accompanying schedules and staten	
contained forein are true and correct.	2/3/2005
ignature of Officer RANDARY C-LOTT	Date
ont or Type Name of Officer Se. Vice Pres DENS / TREASU	AEL_
litle of Officer	



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

Corporations Division 100 North Main Street Providence, RI 62903-1335 401-222 3040

Matthew A. Brown, Secretary of State

Corporate ID No. 81470	2 Name of Gapia Enterprise E	ration Equities, Inc.			
Street Address Principal Bus	mess Office Lopin Circle	e, Suite 800	Columbia	state m D	Zip 21044
Business Phone No. 410 - 964 - C	552	5 State of Incorporation DELAWARE	n		6 SIC Orde 6064
Brief Description of the Chai SECURITIES BRO		d in Rhode Island			
	SSES OF THE OFFIC	ERS: ("X" BOX FOR AT	TACHMENT) 🔀 FILL IN S	PACES BEFORE USING	ATTACHMENTS
resident Same	,		Vice President Name		
F. Barton H	arvey !		None		
10227 Wind	soin Circle	Suite 800	Stroet Address		
	State M D	21044	City	State	Zip
ecretary Name		1 =	Treasurer Name		,J
Charles E.	Sudnor III	•	F. Barton	Harvey III	-
reet Address	5227.01	_	Street Address	j	
10227 Wine	opin Circle	Snite 800	10227 Win	copin Circle	, Suite 800
Columbia	state MD	² 21044	Columbia	State MD	21044
. NAMES AND ADDRE trector Name	SSES OF THE DIREC	CTORS: ("X" BOX FOR A	ATTACHMENT) FILL IN : Director Name	SPACES BEFORE USIN	IG ATTACHMENTS
F. Barton	Harvey TI	-			
reet Address	1.45		Street Address	····	
10227 Wind	copin Circle	<u>Suite</u> 800			
منط مصالح	State	Zip	Сиу	State	$Z\psi$
Loumaa	J MD	1 21044	Director Name		l
TC:401 Name			parean same		
roct Address			Street Address		
uy	State	Zip	Cuy	State	Zφ
0. SHARES AUTHORIZ UTHORIZED SHARES	ZED ("X" BOX FOR	 AITACHMENT) 🗍	11. SHARES ISSUED ('X" BOX FOR ATTACH 	 MENT) []
Number of Shares	Class/Sories	Par Value	Number of Shares	Class Series	Par Value
1,000 COMM \$1.00 PA	P.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 *
File Date Check No.	2.5.04 142
By:	FOR SECRETARY OF STATE USE ONLY

Inder penalty of perjury, I declare and affirm that I ncluding any accompanying schedules and stateme	=
contained herein are true and correct.	
ignature of Officer	Date
F Barton Harvey TI	
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

FORM MUST BE TYPED i. Corporate ID No. *81470*	2. Name of Corpor Enterprise E				
3. Street Address Principal	Business Office		City.	State	Zip
10227 WINCOPIN	CIRCLE, SUITE	800	COLUMBIA	MD	21044-03405
. Business Phone No.		5. State of Incorpor	ration		6. SIC Code
4109640552		DELAWARE			6064
Brief Description of the BECURITIES BROKE	Chorocier of Business Con R/DEALER.	ducted in Rhode Island			
8. NAMES AND ADDI	RESSES OF THE OFF	ICERS ("X" BOX FO	RATTACHMENT) FILL IN S	PACES BEFORE USING AT	TACHMENTS
F. Barton Harve	21/	> .	None		
irees Address	·		Street Address	· · · · · · · · · · · · · · · · · · ·	
	Circle, Suite	800			
 	State		City	State	Zip
<i>City</i> Columbia	MD	Zip 21044	City	Sibit	i ap
cordinora cordary Name			Treasurer Name		
None			F. Barton Harv	ev	
			'Sircel Address	· 	
Street Address			_ ·	Circle, Suite 8	00
					
City	State	Zip	City	State	Zip
		l	. Columbia FORATTACHMENT) ☐ FILL IN	MD	21044
Director Name None			, Director Nume		
Street Address			Sireet Address	•	
City	State	Zip	•City	State	Zip
~,	J		•	İ	
Director Name			Director Name		
Sireei Address			Street Address		
sireet Address			*		
City	Siate	Zip	City	State	Zip
-ny	John C.	12.10	•	Jan.	
		1			
	RIZED . ("X" BOX FOR	ATTACHMENT)		"X" BOX FOR ATTACHMEN	<i>m</i> ⊔
AUTHORIZED SHARES	C) (C	Dan Value	ISSUED SHARES	Class/Series	Par Value
Number of Shares	Class/Series	Par Yaluc	Number of Shares	Class/Series	F G: Vulue
1,000 COMM \$1.00	PAR VALUE		1000	Common	\$1.00
			<u> </u>		
This report must be s	signed in ink by eith	er the President, Vi	ce President, Secretary, As	sistant Secretary, Treas	urer, Receiver or Trus
•			•		
	8				
	1 4 7 0 *		Under penalty of	perjury, I declare and affirm	that I have examined
•				,	4 .1 4

	, ,		and affirm that I ha	
this rep	ort, includ	ing any accompar	iying schedules and	d statements,
ay d tha	it all staten	ents contained he	rein are true and co	orrect.
tr	M	nd	4/8/	
F.	Prof Office	ion Hai	Vly III	··
Pripy"	Type Name	of Officer In T		
Title of	Officer	<u> </u>		Form 630 12/0

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 <u>2002</u>

STOP PLEASE READ INSTRUCTIONS

	ary 1-March 1 • Filing Fee: \$50		HE ILAK	<u> </u>
FORM MUST BE TYPED IN	BLACKI			
1. Corporate ID No	2. Name of Corporation			
81470	Enterprise Equities, Inc.			
3. Street Address Principal Busi	ness Office	Car	State	1

3. Street Address Principal Business Office		City	State	Zip
10227 WINCOPIN CIRCL	E STE 800	COLUMBIA	MD	21044-3400
4. Business Phone No	5. State of Incorporation			6 SIC Code
410-964-0552	DELAWARE			6064
7. Brief Description of the Character of Business Conduct	ed in Rhode Island			

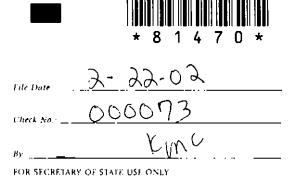
Offering finance-related products for low-income housing.

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

President Name			Vice President Name		
F. BARTON HARV	EY III		Street Address		
10227 WINCOPIN	CIRCLE STE 800	Z 1 <i>p</i>	Çitv	State	Zip
COLUMBIA Secretary Name	MD	21044-3400	Teasurer Name		
Street Address			F. BARTON HAR	VEY III	
Cay	State	Zip	10227 WINCOPI	N CIRCLE STE 800	Zip
			COLUMBIA	MD	21044-3400
9. NAMES AND ADI	DRESSES OF THE DIRE	ECTORS ("X" BOX FOR AT	FACHMENT) FILL IN SPA Director Name	CES BEFORE USING AT	TACHMENTS
F. BARTON HARV	EY III		Street Address		
10227 WINCOPIN	CIRCLE STE 800	Z	Çity	State	Zip
COLUMBIA Director Name	MD	21044-3400	Director Name		
Street Address			Street Address		
Guy	State	Zıp	City	State	Zip
10. SHARES AUTHO:	RIZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED) ("X" BOX FOR ATTACHMEN	ידא
Number of Shares	Class/Series	Par Value	Sumber of Shares	Class/Series	Par Value

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

1,000



1,000 COMM \$1.00 PAR VALUE

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.

COMMON

\$1.00

that all statements cor	italmed netein are true and	COFFECT.
f'm	2/11	loz
Signature of Officer		Jate

Signature of Officer	Date	
F. Barton Harvey		

President

Fille of Officer

Form 630 1291



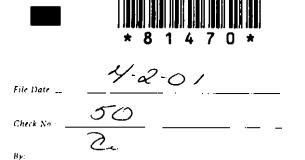
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP
PLEASE READ INSTRUCTIONS

Filing Period: Janua	ry 1-March 1 🔸	Filing Fee: \$50.00			INSTRUCTION
(FORM MUST BE TYPED IN B	RLACK)				
1 Corporate ID No. 81470	2 Name of Corporat Enterpris	se Equities, Inc.			
3 Street Address Principal Busin	ess Office		City	State	Zip
10337 Win ωρ' 4. Business Phone No. 41D - 464 -		5 State of Incorporation	Columbia	maryland	\$1044 \$1044
410 - 464 - 7 Brief Description of the Charac		r Rhode Island			
Broker Dea	_				
8. NAMES AND ADDR! President Name	ESSES OF THE OFFI	CERS ("X" BOX FOR ATTACH	IMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTACHN	MENTS
F. Barton	Harvey II			، <i>م</i> و	
10997 WINL	opin Circles	Ste 800			
Cuy	State	Zip	City	State	Zip
Columbia Secretary Nume	m0	21044	Treasurer Name		
Non Street Address	٩		F. Barto	n Hurvey II	C .
City	Mate	Zip	1099J M	incopin Cin	cle, Ste 80
		,	Columbia	, Mn	PPAIG
9. NAMES AND ADDRI	ESSES OF THE DIRE	CTORS ("X" BOX FOR ATTA		ES BEFORE USING ATTAC	
!	none		n	one	
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
	none		no	ne	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ZED (*X* BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.	00 PAR VALUE		1,000	Common	81

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



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined



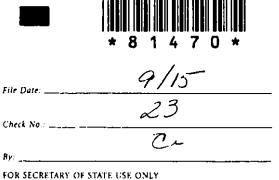
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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 Corporati Enterprise	Equities, Inc.			
4. Business Phone No. 410 - 964 -	. /1	S. State of Incorporation DELAWARE Rhode Island	"Columbia	Maryland Maryland	21p 31044 6.8884
Broker [Dealer				
8. NAMES AND ADDRI	ESSES OF THE OFFIC	CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES B Vice President Name	EFORE USING ATTACHN	ien 15
t. Barton	Harvey_11	<u>I</u>	Street Address		
10227 Wir	roopin Circl	e, Ste 800	Street Madress		
Columbia	State	21044	City	State	Zip
Secretary Names F. Bartor Street Address	Harvey ?	H	F. Barton Street Address	Harrey III	
10227 Win	copin Circl	e, Ste 800	10227 Win	copin Circle	, Ste 800
2. NAMES AND ADDRI	esses of the dire	CTORS ("X" BOX FOR ATTAL	Columbia CHMENT) FILL IN SPACES	S BEFORE USING ATTACI	31044
Director Name	عبروري والمست	Tr-	Director Name		
Street Address	thur vey		Street Address		
10931 WI	ropui ur	cle, Sto 800	City	State	Zip
Director Name	MD	91044	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ZED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X	(* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	1#	1,000	Common	\$1
ma .		h - P			- D
			resident, Secretary, Assis	tant Secretary, Treasure	r, Keceiver or 1



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.

Title of Officer

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.	2 Name of Corporation				
81470 3 Street Address Principal Business	Office Equ	itles, Inc.	City	State	Zip
10227 WINCOPI 4 Business Phone No.	N CIRCLE STE8	310 S. State of Incorporation	COLUMBIA	MD	21044 6 SIC Code
410-964-0552 7 Brief Description of the Characte	r of Business Conducted in Rho	DELAWARE de Island			6064
SECURITIES_BR 8. NAMES AND ADDRES President Name		S ("X" BOX FOR ATTACE	HMENT) FILL IN SPACES BEF	ORE USING ATTAC	HMENTS
MICHAEL CURRA	N		F. BARTON HARVE	EY III	
10227 WINCOPI	N CIRCLE STE	810	10227 WINCOPIN	CIRCLE STE	810
City	State	Zip	City	State	Zip
COLUMBIA Secretary Name	MD	21044	COLUMBIA Treasurer Name	MD	21044
FAITH THOMAS			HOLLY STAGMER Street Address		
10227 WINCOPI	N CIRCLE STE	810 Zip	10227 WINCOPIN	CIRCLE STE	810 Zup
COLUMBIA	MD	21044	COLUMBIA	MD	21044
9. NAMES AND ADDRES Director Name	SES OF THE DIRECT	ORS ("X" BOX FOR ATTA		EFORE USING ATTA	CHMENTS
F. BARTON HAR	VEY III		Director Name		
Street Address			Street Address		
10227 WINCOPI	N CIRCLE STE	810			
COLUMBIA	State MD	^{Zip} 21044	City	State	Zip
Director Name		•	Director Name	,	
Street Address			Street Address		
City	State	Zıp	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATTACHE	MENT)	11. SHARES ISSUED ("X")	BOX FOR ATTACHMENT)
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:	Warligg 624
Check No.	624
Ву:	
	OF STATE USE ONLY

Under penalty of perjury, I declare	and affirm that I have examined
this report, including any accompa	nying schedules and statements, and
that all statements contained herei	n are true and correct.
	2/25/99
Signature of Officer	Date

Signature of Winger HOLLY STAGMER

Print or Type Name of Officer

CHIEF FINANCIAL OFFICER

Title of Officer



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

1998

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

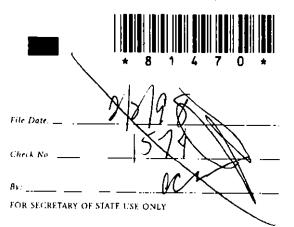
FORM MUST BE TYPED IN BLACK)

1 Corporate ID 81470

²Enterprise Equities, inc.

0.4.0	Emorphise Equ	itios, iiic.			
3. Street Address Principal Business (Office		City	State	Zip
10227 Wincopin Husiness Phone No.	Circle Suit	e 810 * DELAWARE ion	Columbia	Maryland	21044-3405 6. SIC 8664
410-964-0552 7 Brief Description of the Character	of Business Conducted in Rho	de Island			
Securities Brol 8. NAMES AND ADDRESS		RS ("X" BOX FOR ATTACH.	MENT)		
President Name			Vice President Name		
Mark Sissman			None Street Address		
10227 Wincopin	Circle, Ste	810 Ζφ	City	State	Zip
Columbia Coretary Name	MD	21044-3405	Treasurer Name		
F. Barton Harve	ey, III		F. Barton Harve	ey, III	
10227 Wincopin	Circle, Ste	810	10227 Wincopin	Circle, Ste	
Columbia	MD	21044-3405	Columbia	MD	21044-3405
9. NAMES AND ADDRESS	ES OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	THMENT)		
Orector Name			Director Name		
Mark Sissman					
treet Address			Street Address		
10227 Wincopin	Circle, Ste	810			
on Columbia	State MD	^{2ip} 21044-3405	City	State	Zip
Director Name			Director Name		
F. Barton Harve	ey, III				
treet Address 10227 Wincopin	Circle, Ste	810	Street Address	•	
uy Columbia	State MD	^{21p} 21044-3405	City	State	Zip
O. SHARES AUTHORIZED UTHORIZED SHARES	("X" BOX FOR ATTACHN	(ENT)	11. SHARES ISSUED ("X" BO	OX FOR ATTACHMENT)	
lumber 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



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.

Date



James R. Langevin, Secretary of State Corporations Division

100 North Main Street, Providence, RI 02903-1335

#01-277-3040 **STOP:** PITASI RIAD EXTRECTIONS

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January	1-March 1 •	Filing Fee: \$50.00			INSTRUCTIONS BEFORE
FORM MUST BE TYPED IN BLAC	CK)				TEIIS FORM
1. Corporate ID No 81470	2. Name of Corporat Enterprise I	^{ion} Equit <mark>ies, Inc.</mark>			
3. Street Address Principal Business (Office		City	State	Zip
10227 Wincopin 4. Business Phone No. (410) 964-0552	•	uite 810 S. State of Incorporation DELAWARE	Columbia	MD	21044-340 6 SIC Code 6064
7 Brief Description of the Character		Rhode Island			
Securities Bro 8. NAMES AND ADDRESS President Name			MENT) Vice President Nume		
Mark Sissman Street Address			None Street Address		
10227 Wincopin	Circle, S	uite 810			
City	State	Zip	Clty	State	Zip
Columbia	MD	21044-3405			
Secretary Name	** *		Treasurer Name	······· TII	
F. Barton Harve	;y, 111		F. Barton Har	vey, III	
10227 Wincopin	Circle Su	ite 810	10227 Wincopi	n Circle. Si	ite 810
City	State State	7.ip	City	State	Zip
Columbia	MD	21044-3405	Columbia	MD	21044-3405
9. NAMES AND ADDRESS	SES OF THE DIRE	CTORS ("X" BOX FOR ATTA	CHMENT)		
Director Name			Director Name		
Mark Sissman			None		
Street Address	0' 1 0	010	Street Address		
10227 Wincopin	State Su		Cata	State	Zip
Columbia	MD	21044-3405	City	June	2.49
Director Name	HD	21044-3403	Director Name		
F. Barton Harv	ev, III		None		
Street Address	•		Street Address		
10227 Wincopin	Circle, S	uite 810			
City	State	Zıp	City	State	Zip
Columbia	MD	21044-3405			
10. SHARES AUTHORIZED AUTHORIZED SHARES	D AND ISSUED (-	X* BOX FOR ATTACHMENT)	ESSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 · Comm	non	\$ 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.:	1588
By:	lov
FOR SECRETARY	OF STATE USE ONLY

Under penalty of penjury, I decla	are and affirm that I have examined ipanying schedules and statements, and
utat an statements conclained he	rein are true and correct.
Signature of Officer	Date
_Mark Sissman	<u></u>

President		 	
fitte of Officer			

Print or Type Name of Officer

PROFIT CORPORATION ANNUAL REPORT

Filing Period: January 1-March 1

Filing Fee: \$50.00

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.

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 STATE ZIP COOF 10227 Wincopin Circle, Ste 810 Columbia 21044-3405 MD 4 BUSINESS PHONE NO. 5. STATE OF INCORPORATION 6. SIC COOE **DELAWARE** (410) 964-0552 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 YICE PRESIDENT NAME Mark Sissman None STREET ADDRESS STREET ADDRESS 10227 Wincopin Circle, Ste 810 CTY STATE ZIP COOE Columbia MD 21044-3405 SECRETARY HAME TREASURER NAME F. Barton Harvey, III F. Barton Harvey, III STREET ADDRESS 10227 Wincopin Circle, Ste 810 10227 Wincopin Circle, Ste 810 STATE ZIP COO€ Columbia MD 21044-3405 Columbia 21044-3405 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 STATE ZIP CODE Columbia MD 21044-3405 21044-3405 Columbia MD DIRECTOR NAME DIRECTOR NAME None None STREET ADDRESS STREET ADDRESS STATE 27 ZP 0005 CIT STATE 3000 SHARES AUTHORIZED AND ISSUED **AUTHORIZED SHARES** ISSUED SHARES HUMBER OF SHARES CLASS / SERTES PAR VALUE NUMBER OF SHARES CLASS / SERTES 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

File Date: Check No:

For Secretary of State Use On!

By:

Mark Sissman Print or Type Name of Officer

Under penalty of perjury I peclare and affirm that I have examined this report including any accompanying schedules and statements, and that

are true and correct.

President

Title of Officer

Date

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

0081470

Corporate ID:

174722

Annual Report for the year:

ANNUAL REPORT

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

1995

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

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:	Business Entity is (check one): [X] Business Corporation (See RIGL Chapter 7-1.1)
10227 Wincopin Circle, Suite 809 Columbia, MD 21044-3405 Phone: (410) 964-0552	[] Professional Service Corporation (See RIGL Chapter 7-5.1) Brief statement of the character of business conducted in Rhode Island:
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):	Securities Broker - Dealer
Phone: ()	
THE NAMES OF THE	HE OFFICERS ARE:
Mark Sissman 10227 Wincopin Circle,	
VICE PRESIDENT STREET ADD	ORESS CHY/STATE ZIP CODE
F. Barton Harvey, III 10227 Wincopin Ci	ircle,Suite 809 Columbia, MD. 21044-3405
F. Barton Harvey, III 10227 Wincopin Ci	ircle,Suite 809 Columbia, MD. 21044-3405
Mark Sissman 10227 Wincopin Circle, Sui	ite 809 Columbia, MD. 21044-3405
F. Barton Harvey, III 10227 Wincopin C	ircle,Suite 809 Columbia, MD. 21044-3405
	7 TODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares Class / Series 1,000 Common	Number of Shares Class / Series 100 Common
Date	
	PENAME OF OFFICER SIGNING Mark Sissman FICER SIGNING Progradant
DESIGNATED DECISTEDED ACE	Tresident
PLEASE NOTE: If the registered office and/or registered agent indicated below	is incorrect, Form 9 must be file ED
PRENTICE-HALL CORP SYSTEM 170 WESTMINSTER STREET, SUITE PROVIDENCE RI 02903	900 By A 1 134 7