

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Jeffrey E. Minton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **837387 (0)**
1. Corporation Name
NATIONAL CORPORATION FOR HOUSING PARTNERSHIPS



Principal Place of Business: **1225 EYE ST NW STE. 601 WASHINGTON DC 20005 US**
Mailing Address: **1225 EYE ST NW STE. 601 WASHINGTON DC 20005 US**

2. Principal Place of Business:
21 **1225 Eye Street, NW** 26 **1225 Eye Street, NW**
State: Apt #, etc. Sub: Apt #, etc.
22 **601** 27 **601**
City & State City & State
23 **Washington, DC** 28 **Washington, DC**
Zip Country Zip Country
24 **20005** 25 **USA** 29 **20005** 30 **USA**

3. Date Incorporated or Qualified: **11/17/1976** 3a. Date of Last Report: **04/26/1995**
4. FEI Number: **52-0886787** Applied For: Not Applicable
5. Certain type of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 190.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.001 and 607.1901, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.001 and 607.1901, Florida Statutes.

SIGNATURE: _____ OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PCO NAME: HELLER, J. RODERICK, III STREET ADDRESS: 2301 N ST NW CITY, ST, ZIP: WASHINGTON DC <input type="checkbox"/> DELETED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1225 Eye Street, NW Washington, DC 20005 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: EVPT NAME: GRANT, ANN TORRE STREET ADDRESS: 1225 NW EYE STREET CITY, ST, ZIP: WASHINGTON DC <input type="checkbox"/> DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SVP NAME: STERN, CYNTHIA F STREET ADDRESS: 4300 STANFORD ST CITY, ST, ZIP: CHEVY CHASE MD <input checked="" type="checkbox"/> DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: EVP NAME: DAVENPORT, LINDA G STREET ADDRESS: 207 WALNUT ST CITY, ST, ZIP: ALEXANDRIA VA <input type="checkbox"/> DELETED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1225 Eye Street, NW Washington, DC 20005
TITLE: AS NAME: BANKS, MILDRED C STREET ADDRESS: 1612 FT DAVIS PL SE CITY, ST, ZIP: WASHINGTON DC <input type="checkbox"/> DELETED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1225 Eye Street, NW Washington, DC 20005
TITLE: SVP NAME: BORDER, JOEL F. STREET ADDRESS: 1225 NW EYE STREET CITY, ST, ZIP: WASHINGTON DC <input type="checkbox"/> DELETED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bonder, Joel F.

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(b)(6), Florida Statutes. I further certify that the information is not for the purpose of the registration of a new or existing corporation and a change and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or trust, and that the information provided to me is being provided to me in accordance with Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 23 of the original file of the corporation's records.

SIGNATURE: *Mildred C. Banks* **Mildred C. Banks** 4-4-96 202/347-6047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)