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May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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



Principal Place of Business Mailing Address  
1225 EYE ST NW STE. 601 WASHINGTON DC 20005 US  
1225 EYE ST NW STE. 601 WASHINGTON DC 20005-3945 US

3. Date Incorporated or Qualified 11/17/1976  
3a. Date of Last Report 04/09/1996  
4. FEI Number 52-0886787  
Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 8065 Leesburg Pike Suite, Apt. #, etc.  
22 Suite 400 City & State  
23 Vienna VA Zip  
24 22182 Country USA  
25 USA  
26 8065 Leesburg Pike Suite, Apt. #, etc.  
27 Suite 400 City & State  
28 Vienna VA Zip  
29 22182 Country USA  
30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New 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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Section 607.0505, Florida Statutes.

SIGNATURE Signature: typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCO	<input type="checkbox"/> DELETE
NAME	HELLER, J. RODERICK, III	
STREET ADDRESS	1225 EYE ST, NW	
CITY - ST - ZIP	WASHINGTON DC	
TITLE	EVPT	<input type="checkbox"/> DELETE
NAME	GRANT, ANN TORRE	
STREET ADDRESS	1225 NW EYE STREET	
CITY - ST - ZIP	WASHINGTON DC	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	DAVENPORT, LINDA G	
STREET ADDRESS	1225 EYE ST, NW	
CITY - ST - ZIP	WASHINGTON DC	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BANKS, MILDRED C	
STREET ADDRESS	1225 EYE ST, NW	
CITY - ST - ZIP	WASHINGTON DC	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	BONDER, JOEL F.	
STREET ADDRESS	1225 NW EYE STREET	
CITY - ST - ZIP	WASHINGTON DC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8065 Leesburg Pike
1.4 CITY - ST - ZIP	Vienna, VA 22182
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8065 Leesburg Pike
2.4 CITY - ST - ZIP	Vienna, VA 22182
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	St
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	8065 Leesburg Pike
4.4 CITY - ST - ZIP	Vienna, VA 22182
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	8065 Leesburg Pike
5.4 CITY - ST - ZIP	Vienna, VA 22182
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mildred C. Banks* *Mildred C. Banks, Asst Secy* 4-29-97 703/394-2400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25034 (9/96)