

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005714

FILED
Feb 03, 2011
Secretary of State

Entity Name: ALPHA CHI OMEGA NATIONAL HOUSING CORPORATION

Current Principal Place of Business:

5939 CASTLE CREEK PARKWAY N DR
INDIANAPOLIS, IN 462504343

New Principal Place of Business:

Current Mailing Address:

5939 CASTLE CREEK PARKWAY N DR
INDIANAPOLIS, IN 462504343

New Mailing Address:

FEI Number: 35-1992276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P/D
Name: STEINER, AGNES
Address: 3338 PEACHTREE RD. NE
City-St-Zip: ATLANTA, GA 30328

Title: ST/D
Name: ZARIN, MARNI
Address: 4288 CHILDRESS
City-St-Zip: HOUSTON, TX 77005

Title: D
Name: FRANZ, BECKY
Address: 103 KITE CT.
City-St-Zip: LE ROY, IL 61752

Title: D
Name: BRADY, MIKELLE
Address: 1108 PALO VISTA RD
City-St-Zip: GREENWOOD, IN 46143

Title: D
Name: CLAYBROOK, HEATHER
Address: 351 NW NORTH SHORE DR.
City-St-Zip: KANSAS CITY, MO 64151

Title: AST
Name: O'NEILL, CHERI
Address: 634 N. SENATE AVE.
City-St-Zip: INDIANAPOLIS, IN 46202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHERI O'NEILL

ASST

02/03/2011

Electronic Signature of Signing Officer or Director

Date