

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000289

Entity Name: NATIONAL CENTER FOR HOUSING MANAGEMENT, INC.**Current Principal Place of Business:**447 CARLISLE DRIVE
SUITE A
HERNDON, VA 20170**Current Mailing Address:**447 CARLISLE DRIVE
SUITE A
HERNDON, VA 20170 US**FEI Number: 52-0955650****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	CCEO
Name	BURKE, JR., JOHN J
Address	622 N. WATER STREET #200
City-State-Zip:	MILWAUKEE WI 53202

Title	DS
Name	FOX, WILLIAM F
Address	622 NORTH WATTER STREET SUITE 500
City-State-Zip:	MILWAUKEE WI 53202

Title	PCOO
Name	STEVENS, GLENN
Address	447 CARLISLE DRIVE SUITE A
City-State-Zip:	HERNDON VA 20170

Title	D
Name	STEVENS, GLENN
Address	477 CARLISLE DRIVE SUITE A
City-State-Zip:	HERNDON VA 20170

Title	DIRECTOR
Name	BURKE, KATHRYN
Address	622 N. WATER STREET 200
City-State-Zip:	MILWAUKEE WI 33202

Title	DIRECTOR
Name	BURKE, JOHN III
Address	622 N. WATER STREET #200
City-State-Zip:	MILWAUKEE WI 33202

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: GLENN STEVENS**PCOO****04/18/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date