

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000289

Entity Name: NATIONAL CENTER FOR HOUSING MANAGEMENT, INC.**Current Principal Place of Business:**1801 OLD RESTON AVENUE
203
RESTON, VA 20190**Current Mailing Address:**1801 OLD RESTON AVENUE
203
RESTON, VA 20190**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 53202Title DS
Name FOX, WILLIAM F
Address 622 NORTH WATTER STREET SUITE
500
City-State-Zip: MILWAUKEE WI 53202Title PCOO
Name STEVENS, GLENN
Address 1801 OLD RESTON AVENUE, #203
City-State-Zip: RESTON VA 20190Title D
Name STEVENS, GLENN
Address 1801 OLD RESTON AVENUE, #203
City-State-Zip: RESTON VA 20190Title D
Name DREW, WILLIAM
Address 1800 NORTH 60TH STREET
City-State-Zip: WAUWATOSA WI 53208Title DIRECTOR
Name BURKE, KATHRYN
Address 622 N. WATER STREET
200
City-State-Zip: MILWAUKEE WI 33202Title DIRECTOR
Name BURKE, JOHN III
Address 622 N. WATER STREET
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: W. GLENN STEVENS**PRESIDENT****04/14/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date