## 2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000289

Entity Name: NATIONAL CENTER FOR HOUSING MANAGEMENT, INC.

FILED
Mar 19, 2014
Secretary of State
CC4132506480

## **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

Officer/Director Detail:

Title CCEO Title DS

Name BURKE, JR., JOHN J Name FOX, WILLIAM F

Address 1801 OLD RESTON AVENUE, #203 Address 622 NORTH WATTER STREET SUITE

500

City-State-Zip: RESTON VA 20190

City-State-Zip: MILWAUKEE WI 53202

Title PCOO Title

Name STEVENS, GLENN Name STEVENS, GLENN

Address 1801 OLD RESTON AVENUE, #203
Address 1801 OLD RESTON AVENUE, #203

City-State-Zip: RESTON VA 20190 City-State-Zip: RESTON VA 20190

Title D Title DIRECTOR

Name DREW, WILLIAM Name BURKE, KATHRYN
Address 1800 NORTH 60TH STREET

Address 622 N. WATER STREET

City-State-Zip: WAUWATOSA WI 53208

City-State-Zip: MILWAUKEE WI 33202
Title DIRECTOR

Name BURKE, JOHN III

Address

City-State-Zip: MILWAUKEE WI 33202

622 N. WATER STREET

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 PCCO 03/19/2014

Date