

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 20, 2002 8:00 am**  
**Secretary of State**

08-20-2002 90131 001 \*\*\*550.00

**DOCUMENT # F00000004534**  
 1. Entity Name  
**NATIONAL CORPORATE TAX CREDIT, INC. IX**

Principal Place of Business      Mailing Address  
**9090 WILSHIRE BLVD., SUITE 201**      **9090 WILSHIRE BLVD., SUITE 201**  
**BEVERLY HILLS CA 90211**      **BEVERLY HILLS CA 90211**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **95-4704258**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>BOXENBAUM, CHARLES H</b> <b>9090 WILSHIRE BLVD., SUITE 201</b> <b>BEVERLY HILLS CA 90211</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CASDEN, ALAN I</b> <b>9090 WILSHIRE BLVD., SUITE 201</b> <b>BEVERLY HILLS CA 90211</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NELSON, BRUCE</b> <b>9090 WILSHIRE BLVD., SUITE 201</b> <b>BEVERLY HILLS CA 90211</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFO</b> <b>SHUMAN, BRIAN H</b> <b>9090 WILSHIRE BLVD., SUITE 201</b> <b>BEVERLY HILLS CA 90211</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <b>TOY, PATRICIA W</b> <b>9090 WILSHIRE BLVD., SUITE 201</b> <b>BEVERLY HILLS CA 90211</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HARRISON, WARREN I</b> <b>9090 WILSHIRE BLVD., SUITE 201</b> <b>BEVERLY HILLS CA 90211</b> <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KOMPANIEZ, PETER</b> <b>9090 WILSHIRE BLVD., SUITE 201</b> <b>BEVERLY HILLS, CA 90211</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SRVP/CFO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO</b> <b>HORNBROOK, MICHAEL</b> <b>9090 WILSHIRE BLVD., SUITE 201</b> <b>BEVERLY HILLS, CA 90211</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]      Date: 7/30/02      Daytime Phone # \_\_\_\_\_

CDREC04 14/00