

# 2003 UNIFORM BUSINESS REPORT (UBR)

0614945 AT

DOCUMENT # **F00000004534**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
03 JUN 10 AM 10:55

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

4. FEI Number **95-4704258**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

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

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>Robertson, David</b> <b>9090 Wilshire Blvd, #201</b> <b>Beverly Hills, Ca 90201</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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>Kompanicz, Peter K</b> <b>18350 Mt. Langley Ave, #220</b> <b>Fountain Valley, CA 92708</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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>V</b> <b>Hornbrook, Michael J</b> <b>9090 Wilshire Blvd, #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>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>V/H</b> <b>500020826475</b> <b>06/13/03--01090--015 ***550.00</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S</b> <b>Sussman, Jeffrey H</b> <b>9090 Wilshire Blvd</b> <b>Beverly Hills, CA 90211</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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

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 an other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **6/5/03** DAYTIME PHONE #: **310-385-3021**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E034 (9/01)