

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000000289

FILED
Oct 14, 2009
Secretary of State

Entity Name: NATIONAL CENTER FOR HOUSING MANAGEMENT, INC.

Current Principal Place of Business:

12021 SUNSET HILLS ROAD SUITE 210
RESTON, VA 20190

New Principal Place of Business:

Current Mailing Address:

12021 SUNSET HILLS ROAD SUITE 210
RESTON, VA 20190

New Mailing Address:

FEI Number: 52-0955650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: ANUSHA PUTTY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: BURKE, JR., JOHN J
Address: 12021 SUNSET HILLS ROAD SUITE 210
City-St-Zip: RESTON, VA 20190

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

Title: PCOO () Delete
Name: STEVENS, GLENN
Address: 12021 SUNSET HILLS ROAD SUITE 210
City-St-Zip: RESTON, VA 20190

Title: D () Delete
Name: STEVENS, GLENN
Address: 12021 SUNSET HILLS ROAD SUITE 210
City-St-Zip: RESTON, VA 20190

Title: D () Delete
Name: DREW, WILLIAM
Address: 1800 NORTH 60TH STREET
City-St-Zip: WAUWATOSA, WI 53208

Title: D () Delete
Name: POPEO, DANIEL
Address: 2009 MASSACHUSETTS AVE NW
City-St-Zip: WASHINGTON, DC 20036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GLENN STEVENS

PRES

10/14/2009

Electronic Signature of Signing Officer or Director

Date