

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000289

FILED  
Mar 22, 2011  
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:**

1801 OLD RESTON AVENUE  
203  
RESTON, VA 20190

**Current Mailing Address:**

12021 SUNSET HILLS ROAD SUITE 210  
RESTON, VA 20190

**New Mailing Address:**

1801 OLD RESTON AVENUE  
203  
RESTON, VA 20190

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CCEO  
Name: BURKE, JR., JOHN J  
Address: 1801 OLD RESTON AVENUE, #203  
City-St-Zip: RESTON, VA 20190

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

Title: PCOO  
Name: STEVENS, GLENN  
Address: 1801 OLD RESTON AVENUE, #203  
City-St-Zip: RESTON, VA 20190

Title: D  
Name: STEVENS, GLENN  
Address: 1801 OLD RESTON AVENUE, #203  
City-St-Zip: RESTON, VA 20190

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

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

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

PCOO

03/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date