2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2012
Secretary of State

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Entity Name: NID HOUSING COUNSELING AGENCY, INC.

Current Principal Place of Business:

2200 POWELL STREET
SUITE #530
EMERYVILLE, CA 94608

New Principal Place of Business:

Current Mailing Address:

2200 POWELL STREET
SUITE #530
EMERYVILLE, CA 94608

New Mailing Address:

FEI Number: 94-3353869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: D
Name: THOMAS, DARYL
Address: 1279 CAROLINE STREET
City-St-Zip: ALAMEDA, CA 94501

Title: DTS
Name: REED, ROBERT
Address: 2218 E 29TH STREET
City-St-Zip: OAKLAND, CA 94606

Title: P
Name: CARLISLE, RAY
Address: 3560 GRAND AVENUE
City-St-Zip: OAKLAND, CA 94610

Title: D
Name: WILLIAMS, LAURIE
Address: 2200 POWELL STREET #530
City-St-Zip: EMERYVILLE, CA 94608

Title: D
Name: FORMAN, DEBORAH
Address: 6106 ACACIA STREET
City-St-Zip: LOS ANGELES, CA 90056

Title: D
Name: PERKINS, VASHAWN
Address: 4125 PIEDMONT AVENUE
City-St-Zip: OAKLAND, CA 94612

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: RAY CARLISLE PRES 06/26/2012

Electronic Signature of Signing Officer or Director — Date