FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAR -3 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001201 (2)**

1. Corporation Name

NATIONAL CORPORATE TAX CREDIT, INC.

Principal Place of Business	Mailing Address
9090 WILSHIRE BLVD. STE. 201 BEVERLY HILLS CA 90211	9090 WILSHIRE BLVD. STE. 201 BEVERLY HILLS CA 90211

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/10/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 95-4338416 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BOXENBAUM, CHARLES H	1.2 NAME	
STREET ADDRESS	9090 WILSHIRE BLVD., STE. 201	1.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS CA 90211	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CASDEN, ALAN I	2.2 NAME	
STREET ADDRESS	9090 WILSHIRE BLVD., STE. 201	2.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS CA 90211	2.4 CITY-ST-ZIP	
TITLE	~~D~~	3.1 TITLE	☐ Change ☐ Addition
NAME	~~HILDEBRAND, ROBERT~~	3.2 NAME	
STREET ADDRESS	~~9090 WILSHIRE BLVD., STE. 201~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~BEVERLY HILLS CA 90211~~	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, BRUCE E	4.2 NAME	
STREET ADDRESS	9090 WILSHIRE BLVD., STE. 201	4.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS CA 90211	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CASDEN, HENRY C	5.2 NAME	
STREET ADDRESS	9090 WILSHIRE BLVD., STE. 201	5.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS CA 90211	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GOLDBERG, BRIAN D	6.2 NAME	
STREET ADDRESS	9090 WILSHIRE BLVD., STE. 201	6.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS CA 90211	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bob Schafer Bob Schafer V.P. (310) 278-2191
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0402013 FP