

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001201

FILED
Feb 24, 2009
Secretary of State

Entity Name: NATIONAL CORPORATE TAX CREDIT, INC.

Current Principal Place of Business:

6100 CENTER DRIVE
SUITE 800
LOS ANGELES, CA 90045

New Principal Place of Business:

Current Mailing Address:

4582 S ULSTER ST PKWY
SUITE 1100
DENVER, CO 80237

New Mailing Address:

FEI Number: 95-4338416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBERTSON, DAVID
Address: 4582 S ULSTER ST PKWY SUITE 1100
City-St-Zip: DENVER, CO 80237

Title: SVPS () Delete
Name: SUSSMAN, JEFFREY H
Address: 6100 CENTER DRIVE SUITE 800
City-St-Zip: LOS ANGELES, CA 90045

Title: EVP () Delete
Name: GRABER, LANCE
Address: 4582 S ULSTER ST PKWY SUITE 1100
City-St-Zip: DENVER, CO 80237

Title: AS () Delete
Name: MCDONALD, DEBRA A
Address: 4582 S ULSTER ST PKWY SUITE 1100
City-St-Zip: DENVER, CO 80237

Title: EVPD () Delete
Name: ALCOCK, HARRY
Address: 4582 S ULSTER ST PKWY SUITE 1100
City-St-Zip: DENVER, CO 80237

Title: EVPT () Delete
Name: FIELDING, PATTI K
Address: 4582 S ULSTER ST PKWY SUITE 1100
City-St-Zip: DENVER, CO 80237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SVPS (X) Change () Addition
Name: STOUGHTON, PETER
Address: 6100 CENTER DRIVE SUITE 800
City-St-Zip: LOS ANGELES, CA 90045

Title: P (X) Change () Addition
Name: BEAUDIN, TIMOTHY
Address: 4582 S ULSTER ST PKWY SUITE 1100
City-St-Zip: DENVER, CO 80237

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

Title: () Change () Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA A MCDONALD

AS

02/24/2009

Electronic Signature of Signing Officer or Director

_____ Date