2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003783

FILED Jan 27, 2009 Secretary of State

Entity Name: RHA/AFFORDABLE HOUSING II, INC.

Current Principal Place of Business: New Principal Place of Business: 3060 PEACHTREE ROAD, NW ONE BUCKHEAD PLAZA, SUITE 900 ATLANTA, GA 30305 **New Mailing Address: Current Mailing Address:** 3060 PEACHTREE ROAD, NW ONE BUCKHEAD PLAZA, SUITE 900 ATLANTA, GA 30305 FEI Number: 58-2392012 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition COATS, ROBERT B JR Name: Name: 330 DAWNBROOK DRIVE Address: Address: FLAT ROCK, NC 28731 City-St-Zip: City-St-Zip: Title: PD () Delete Title: () Change () Addition COATS, BRYANT G Name: Name: Address: 3060 PEACHTREE RD NW. SUITE 900 Address: City-St-Zip: ATLANTA, GA 30305 City-St-Zip: Title: **EVPD** () Delete Title: () Change () Addition SIMMONS, GORDON J Name: Name: 17 CHURCH STREET Address: Address: City-St-Zip: ASHEVILLE, NC 28801 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BRADEN, CHET H Name: Address: 1170 BAWDEN CIRCLE Address: City-St-Zip: BROOKFIELD, WI 53045 City-St-Zip: Title: () Delete Title: () Change () Addition WALKER, WILLIAM P Name: Name: 224 QUAIL LANE, LAKE MARTIN Address: Address: City-St-Zip: DADEVILLE, AL 36853 City-St-Zip: Title: () Delete Title: () Change () Addition WEST, JOHN R Name: Name: Address: 3060 PEACHTREE RD NW, SUITE 900 Address: ATLANTA, GA 30305 City-St-Zip: 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: JOHN R. WEST CFOV 01/27/2009