

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000039256

FILED
Apr 22, 2010
Secretary of State

Entity Name: PIH TAX CREDIT FUND V, INC.

Current Principal Place of Business:

410 S WILMINGTON ST
PEB 17B5
RALEIGH, NC 27601

New Principal Place of Business:

Current Mailing Address:

410 S WILMINGTON ST
PEB 17B5
RALEIGH, NC 27601

New Mailing Address:

FEI Number: 36-4443685 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 323012525 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: DTV
Name: SULLIVAN, THOMAS R
Address: 410 S WILMINGTON ST
City-St-Zip: RALEIGH, NC 27601

Title: AS
Name: GRAVES, ARLENE S
Address: 410 S WILMINGTON ST
City-St-Zip: RALEIGH, NC 27601

Title: D/P
Name: MULHERN, MARK F
Address: 410 S WILMINGTON ST
City-St-Zip: RALEIGH, NC 27601

Title: D/S
Name: FOUNTAIN, DAVID B
Address: 410 S WILMINGTON ST
City-St-Zip: RALEIGH, NC 27601

Title: AT
Name: MOSES, THOMAS F
Address: 410 S WILMINGTON ST
City-St-Zip: RALEIGH, NC 27601

Title: GC
Name: FOUNTAIN, DAVID B
Address: 410 S WILMINGTON ST
City-St-Zip: RALEIGH, NC 27601

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARLENE S. GRAVES

A/S

04/22/2010

Electronic Signature of Signing Officer or Director

_____ Date