

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90067 045 ****61.25

DOCUMENT # P25858

1. Entity Name

NDC HOUSING DEVELOPMENT CORPORATION



Principal Place of Business

**51 E 42ND ST
STE 300
NY NY 10017
US**

Mailing Address

**51 E 42ND ST
STE 300
NY NY 10017
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**STAFF, GEORGE
1153 SECOND AVENUE SOUTH
TIERRA VERDE FL 33715**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **DAVENPORT, ROBERT**
STREET ADDRESS **5 E. 22ND ST.**
CITY-ST-ZIP **NEW YORK NY**

TITLE **SD** ☐ Delete
NAME **LAWRENCE, WILLIAM**
STREET ADDRESS **43 WARREN PLACE**
CITY-ST-ZIP **MONTCLAIR NJ**

TITLE **D** ☐ Delete
NAME **LANG, BARRY**
STREET ADDRESS **5890 E TERRA GRANDE**
CITY-ST-ZIP **TUCSON AZ 85750**

TITLE **D** ☐ Delete
NAME **VOGT, ANN**
STREET ADDRESS **18 MT TOM ROAD**
CITY-ST-ZIP **NEW ROCHELLE NY 10805**

TITLE **D** ☐ Delete
NAME **LINNER, JOHN**
STREET ADDRESS **2638 MEADOWWOOD**
CITY-ST-ZIP **TOLEDO OH**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

[Signature]

1/13/03

(212) 682-1106

CR2E037 (10/02)