

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000001735

**Entity Name:** REALTY ASSOCIATES FUND IX TEXAS CORPORATION**Current Principal Place of Business:**28 STATE STREET  
10TH FLOOR  
BOSTON, MA 02109**Current Mailing Address:**28 STATE STREET  
10TH FLOOR  
BOSTON, MA 02109**FEI Number:** 26-3266060**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name           RUANE, MICHAEL A  
Address        28 STATE STREET, 10TH FLOOR  
City-State-Zip: BOSTON MA 02109

Title            SVP  
Name           RAISIDES, JAMES P  
Address        28 STATE STREET, 10TH FLOOR  
City-State-Zip: BOSTON MA 02109

Title            DIRECTOR  
Name           AMLING, SCOTT  
Address        28 STATE STREET, 10TH FLOOR  
City-State-Zip: BOSTON MA 02109

Title            SVP  
Name           BUCKINGHAM, JAMES O  
Address        28 STATE STREET, 10TH FLOOR  
City-State-Zip: BOSTON MA 02109

Title            TREASURER, SECRETARY, SVP  
Name           DALRYMPLE, SCOTT L  
Address        28 STATE STREET, 10TH FLOOR  
City-State-Zip: BOSTON MA 02109

Title            ASST. SECRETARY, CONTROLLER  
Name           FOSS, NATHAN  
Address        28 STATE STREET  
10TH FLOOR  
City-State-Zip: BOSTON MA 02109

Title            DIRECTOR  
Name           HOHENTHAL, HEATHER  
Address        28 STATE STREET  
10TH FLOOR  
City-State-Zip: BOSTON MA 02109

Title            DIRECTOR  
Name           KNOWLES, JAMES  
Address        28 STATE STREET  
10TH FLOOR  
City-State-Zip: BOSTON MA 02109

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*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: MICHAEL A. RUANE****PRESIDENT****04/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name POWELL, JOHN W.  
Address 28 STATE STREET  
10TH FLOOR  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR  
Name BRAND, ALAN  
Address 28 STATE STREET  
10TH FLOOR  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR  
Name GOOD, CHRISTOPHER  
Address 28 STATE STREET  
10TH FLOOR  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR  
Name WALES, BROOKS D.  
Address 28 STATE STREET  
10TH FLOOR  
City-State-Zip: BOSTON MA 02109

Title DIRECTOR  
Name PARKER, REID  
Address 28 STATE STREET  
10TH FLOOR  
City-State-Zip: BOSTON MA 02109