

1.) CORPORATION NAME:

**NTS REALTY CAPITAL, INC.**

DUE DATE: **1/31/2011**

SCC ID NO: **F1655531**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**NATIONAL REGISTERED AGENTS INC**

**4001 North Ninth Street, Suite 227**

**ARLINGTON, VA 22203**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10172 LINN STATION RD

CITY/ST/ZIP: LOUISVILLE, KY 40223-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: BRIAN F LAVIN  
TITLE: PRESIDENT  
ADDRESS: 10172 LINN STATION RD  
CITY/ST/ZIP/CO: LOUISVILLE, KY 40223-

OFFICER

DIRECTOR

NAME: SUSAN M HOWARD  
TITLE: VP/S  
ADDRESS: 10172 LINN STATION ROAD  
CITY/ST/ZIP/CO: LOUISVILLE, KY 40223-

OFFICER

DIRECTOR

NAME: DAVID B PITCHFORD  
TITLE: VP/TREAS  
ADDRESS: 10172 LINN STATION RD  
CITY/ST/ZIP/CO: LOUISVILLE, KY 40223-

OFFICER

DIRECTOR

NAME: J D NICHOLS  
TITLE: CHAIRMAN  
ADDRESS: 10172 LINN STATION RD  
CITY/ST/ZIP/CO: LOUISVILLE, KY 40223-

OFFICER

DIRECTOR

NAME: JOHN LENIHAN  
TITLE: DIRECTOR  
ADDRESS: 5000 CRITTENDEN DRIVE  
CITY/ST/ZIP/CO: LOUISVILLE, KY 40209-

OFFICER

DIRECTOR

NAME: MARK D. ANDERSON TITLE: DIRECTOR ADDRESS: 3715 EDMOND LANE CITY/ST/ZIP/CO: LOUISVILLE, KY 40207-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN P. DALY TITLE: DIRECTOR ADDRESS: 1441 GARDINER LANE CITY/ST/ZIP/CO: LOUISVILLE, KY 40213-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GREGORY A WELLS TITLE: EVP/AS/AT ADDRESS: 10172 LINN STATION RD CITY/ST/ZIP/CO: LOUISVILLE, KY 40223-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ROSANN D. TAFEL TITLE: SVP/AS ADDRESS: 10172 LINN STATION ROAD CITY/ST/ZIP/CO: LOUISVILLE, KY 40223-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TIMOTHY A. BAKER TITLE: SVP ADDRESS: 10172 LINN STATION ROAD CITY/ST/ZIP/CO: LOUISVILLE, KY 40223-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: NEIL A. MITCHELL TITLE: SVP ADDRESS: 10172 LINN STATION ROAD CITY/ST/ZIP/CO: LOUISVILLE, KY 40223-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ SUSAN M HOWARD	SUSAN M HOWARD, VP/S
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	