

1.) CORPORATION NAME:

NTS REALTY CAPITAL, INC.

DUE DATE: **1/31/2012**

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: ROSANN D. TAFEL
TITLE: SVP/AS
ADDRESS: 10172 LINN STATION ROAD
CITY/ST/ZIP/CO: LOUISVILLE, KY 40223-

OFFICER

DIRECTOR

NAME: GREGORY A WELLS
TITLE: EVP/AS/AT
ADDRESS: 10172 LINN STATION RD
CITY/ST/ZIP/CO: LOUISVILLE, KY 40223-

OFFICER

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
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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
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NAME: J D NICHOLS TITLE: CHAIRMAN ADDRESS: 10172 LINN STATION RD CITY/ST/ZIP/CO: LOUISVILLE, KY 40223-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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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
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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
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NAME: JOHN LENIHAN TITLE: DIRECTOR ADDRESS: 5000 CRITTENDEN DRIVE CITY/ST/ZIP/CO: LOUISVILLE, KY 40209-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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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	1/26/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.