

1.) CORPORATION NAME:

NTS REALTY CAPITAL, INC.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1655531**

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 600 North Hurstbourne Parkway
Suite 300

CITY/ST/ZIP: LOUISVILLE, KY 40222

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	600 North Hurstbourne Parkway Suite 300		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40222		

NAME:	DAVID B PITCHFORD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREAS		
ADDRESS:	600 North Hurstbourne Parkway Suite 300		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40222		

NAME:	ROSANN D. TAFEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/AS		
ADDRESS:	600 North Hurstbourne Parkway Suite 300		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40222		

NAME:	GREGORY A WELLS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/AS/AT		
ADDRESS:	600 North Hurstbourne Parkway Suite 300		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40222		

NAME:	TIMOTHY A. BAKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	600 North Hurstbourne Parkway Suite 300		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40222		

NAME: NEIL A. MITCHELL TITLE: SVP ADDRESS: 600 North Hurstbourne Parkway Suite 300 CITY/ST/ZIP/CO: LOUISVILLE, KY 40222	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: J D NICHOLS TITLE: CHAIRMAN ADDRESS: 600 North Hurstbourne Parkway Suite 300 CITY/ST/ZIP/CO: LOUISVILLE, KY 40222	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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: JOHN LENIHAN TITLE: DIRECTOR ADDRESS: 5000 CRITTENDEN DRIVE CITY/ST/ZIP/CO: LOUISVILLE, KY 40209	<input type="checkbox"/> OFFICER	<input checked="" 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/ ROSANN D. TAFEL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROSANN D. TAFEL, SVP/AS PRINTED NAME AND CORPORATE TITLE	1/14/2013 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.		