

1.) CORPORATION NAME:

NTS REALTY CAPITAL, INC.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1655531**

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.

<p>NAME: BRIAN F LAVIN TITLE: PRESIDENT ADDRESS: 600 NORTH HURSTBOURNE PARKWAY SUITE 300 CITY/ST/ZIP/CO: LOUISVILLE, KY 40222</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID B PITCHFORD TITLE: SVP/TREAS ADDRESS: 600 NORTH HURSTBOURNE PARKWAY SUITE 300 CITY/ST/ZIP/CO: LOUISVILLE, KY 40222</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ROSANN D. TAFEL TITLE: SVP/SEC ADDRESS: 600 NORTH HURSTBOURNE PARKWAY SUITE 300 CITY/ST/ZIP/CO: LOUISVILLE, KY 40222</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: GREGORY A WELLS TITLE: EVP/CFO/AS/AT ADDRESS: 600 NORTH HURSTBOURNE PARKWAY SUITE 300 CITY/ST/ZIP/CO: LOUISVILLE, KY 40222</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: TIMOTHY A. BAKER TITLE: SVP/CONTR ADDRESS: 600 NORTH HURSTBOURNE PARKWAY SUITE 300 CITY/ST/ZIP/CO: LOUISVILLE, KY 40222</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NEIL A. MITCHELL SVP 600 NORTH HURSTBOURNE PARKWAY SUITE 300 LOUISVILLE, KY 40222	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J D NICHOLS CHAIRMAN 600 NORTH HURSTBOURNE PARKWAY SUITE 300 LOUISVILLE, KY 40222	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK D. ANDERSON DIRECTOR 3715 EDMOND LANE LOUISVILLE, KY 40207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN P. DALY DIRECTOR 1441 GARDINER LANE LOUISVILLE, KY 40213	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN S. LENIHAN DIRECTOR P.O. BOX 58 GLENVIEW, KY 40025	<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	ROSANN D. TAFEL, SVP/SEC	1/28/2014	
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.			