

1.) CORPORATION NAME:

**National Association of State Mental HealthProgram  
Directors Research Institute, Inc.**

DUE DATE: **7/31/2013**

SCC ID NO: **05996491**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BUSINESS FILINGS INC  
4701 COX ROAD, STE 301  
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3141 FAIRVIEW PARK DRIVE  
STE 650

CITY/ST/ZIP: FALLS CHURCH, VA 22042-4539

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:	LORNIE RICKMAN-JONES PHD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	160 N LASALLE ST		
CITY/ST/ZIP/CO:	10TH FLOOR S-100 CHICAGO, IL 60601		
NAME:	NANCY ROLLINS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	105 PLEASANT ST		
CITY/ST/ZIP/CO:	CONCORD, NH 03301		
NAME:	BRIAN HEPBURN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	55 Wade Avenue, Dix Bldg.		
CITY/ST/ZIP/CO:	CATONSVILLE, MD 21228		
NAME:	STEPHEN BARON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	609 H STREET NE		
CITY/ST/ZIP/CO:	5TH FLOOR WASHINGTON, DC 20002		
NAME:	MICHAEL LARDIERE MSW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1701 K STREET NW		
CITY/ST/ZIP/CO:	STE 400 WASHINGTON, DC 20006		

NAME: SCOT ADAMS TITLE: DIRECTOR ADDRESS: 301 Centennial Mall South - 3rd Floor P.O. Box 95026 CITY/ST/ZIP/CO: Lincoln, NE 68509	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jane Beyer TITLE: DIRECTOR ADDRESS: Department Social and Health Services P.O. Box 45050 CITY/ST/ZIP/CO: Lacey, WA 98503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kevin Anne Huckshorn TITLE: DIRECTOR ADDRESS: 1901 North Dupont Highway Main Administration Bldg., Room 187 CITY/ST/ZIP/CO: New Castle, DE 19720	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Ron Manderscheid TITLE: DIRECTOR ADDRESS: 25 Massachusetts Ave. NW, Suite 500 CITY/ST/ZIP/CO: Washington, DC 20001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: David Shern TITLE: DIRECTOR ADDRESS: 11009 Theresa Arbor Drive CITY/ST/ZIP/CO: Temple Terrace, FL 33617	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Matt Salo TITLE: DIRECTOR ADDRESS: 444 North Capitol Street, Suite 309 CITY/ST/ZIP/CO: Washington, DC 20001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: James W Stewart, III TITLE: DIRECTOR ADDRESS: 1220 Bank Street P.O. Box 1797 CITY/ST/ZIP/CO: Richmond, VA 23218-1797	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Lynda Zeller TITLE: DIRECTOR ADDRESS: 320 South Walnut Street CITY/ST/ZIP/CO: Lansing, MI 48913	<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/ STEPHEN BARON	STEPHEN BARON, SECRETARY	6/20/2013
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.