

1.) CORPORATION NAME:

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

DUE DATE: **7/31/2012**

SCC ID NO: **F1555582**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BUSINESS FILINGS INCORPORATED
4701 COX ROAD, STE 301
GLEN ALLEN, VA 23060-6802**

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:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 66 CANAL CENTER PLAZA
STE 302

CITY/ST/ZIP: ALEXANDRIA, VA 22314

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:	Laura Nelson, M.D.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	Division of Behavioral Health 150 N 18th Ave, Suite 200 Phoenix, AZ 85007		
CITY/ST/ZIP/CO:			
NAME:	Lorrie Rickman Jones, Ph.D.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	160 N Lasalle Street 10th Floor S-1000 Chicago, IL 60601		
CITY/ST/ZIP/CO:			
NAME:	Michael Maples, L.P.C	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	Community Mental Health Mail Code 2053, PO Box 149347 Austin, TX 78714		
CITY/ST/ZIP/CO:			
NAME:	Terri White, MSW	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	Dept of Mental Health 1200 NE 13th Oklahoma City, OK 73152		
CITY/ST/ZIP/CO:			
NAME:	Craig Stenning	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Dept of Mental Health 14 Harrington Rd, Barry Hall Cranston, RI 02920		
CITY/ST/ZIP/CO:			

NAME: Lana Stohl, MBS TITLE: DIRECTOR ADDRESS: Division of Mental Health 195 North 1950 West CITY/ST/ZIP/CO: Salt Lake City, UT 84116	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Frank Shelp, M.D. TITLE: DIRECTOR ADDRESS: Dept of Behavioral Health 2 Peachtree Street, Suite 24-290 CITY/ST/ZIP/CO: Atlanta, GA 30303	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: James Stewart, III TITLE: DIRECTOR ADDRESS: Dept of Behavioral Health P.O. Box 1797 CITY/ST/ZIP/CO: Richmond, VA 23219	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Nancy Rollins TITLE: DIRECTOR ADDRESS: Community Based Services 129 Pleasant Street, Brown Bldg. CITY/ST/ZIP/CO: Concord, NH 03301	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Anthony Speier, Ph.D. TITLE: DIRECTOR ADDRESS: Office of Behavioral Health 628 N 4th Street, Bin #12 CITY/ST/ZIP/CO: Baton Rouge, LA 70802	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Scot Adams, Ph.D. TITLE: DIRECTOR ADDRESS: Division of Behavioral Health 301 Centennial Mall South, 3rd Floor CITY/ST/ZIP/CO: Lincoln, NE 68509	<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/ Laura Nelson, M.D. SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Laura Nelson, M.D., PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/25/2012 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.		