

1.) CORPORATION NAME:

**National Association of State Mental Health Program
Directors, Inc.**

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

SCC ID NO: **F1555582**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BUSINESS FILINGS INCORPORATED
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:

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:	Michael Maples	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	Community Mental Health Mail Code 2053, PO Box 149347 Austin, TX 78714		
CITY/ST/ZIP/CO:			
NAME:	Nancy Rollins	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	Community Based Care Svs 129 Pleasant St, Brown Bldg Concord, NH 03301		
CITY/ST/ZIP/CO:			
NAME:	Terri White	<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:	Kevin Huckshorn	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1901 North Dupont Highway Main Admin Bldg, Rm 187 New Castle, DE 19720		
CITY/ST/ZIP/CO:			
NAME:	Scot Adams	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	Division of Behavioral Health 301 Centennial Mall South, 3rd Floor Lincoln, NE 68509		
CITY/ST/ZIP/CO:			

NAME: Patricia Rehmer TITLE: DIRECTOR ADDRESS: Dept of Mental Health 410 Capitol Ave, 4th Floord Hartford, CT 06106 CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Doug Varney TITLE: DIRECTOR ADDRESS: 425 Fifth Ave., North Cordell Hull Bldg., 3rd Floor Nashville, TN 37243 CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Tracy Plouck TITLE: DIRECTOR ADDRESS: Ohio Dept. of Mental Health 30 East Broad St., 8th Floor Columbus, OH 43215 CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Craig Stenning TITLE: DIRECTOR ADDRESS: Dept. of Mental Health 14 Harrington Rd, Barry Hall Cranston, RI 02920 CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Zeller Linda TITLE: DIRECTOR ADDRESS: MDCH Behavoiral Health 320 South Walnut Street Lansing, MI 48913 CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Lana Stohl TITLE: DIRECTOR ADDRESS: Division of Mental Health 195 North 1950 West Salt Lake City, UT 84116 CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Robert Glover TITLE: Executive Dir. ADDRESS: 66 Canal Center Plaza Suite 302 Alexandria, VA 22314 CITY/ST/ZIP/CO:	<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/ Robert Glover SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Robert Glover, Executive Dir. PRINTED NAME AND CORPORATE TITLE	5/21/2013 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.		