

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003729

Entity Name: THE INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE,
INCORPORATED**FILED**
Mar 03, 2023
Secretary of State
3259477351CC**Current Principal Place of Business:**44 CANAL CENTER PLAZA
SUITE 200
ALEXANDRIA, VA 223141579**Current Mailing Address:**44 CANAL CENTER PLAZA
SUITE 200
ALEXANDRIA, VA 223141579 US**FEI Number: 53-0227813****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE: CT CORPORATION****03/03/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER, DIRECTOR
Name SELLON, RONALD
Address 44 CANAL CENTER PLAZA
 SUITE 200
City-State-Zip: ALEXANDRIA VA 223141579

Title VP, DIRECTOR
Name RAUSCH, DAVID
Address 44 CANAL CENTER PLAZA
 SUITE 200
City-State-Zip: ALEXANDRIA VA 223141579

Title VP, DIRECTOR
Name LETTENEY, JOHN
Address 44 CANAL CENTER PLAZA
 SUITE 200
City-State-Zip: ALEXANDRIA VA 223141579

Title VP, DIRECTOR
Name HENNINGER, DWIGHT
Address 44 CANAL CENTER PLAZA
 SUITE 200
City-State-Zip: ALEXANDRIA VA 223141579

Title VP, DIRECTOR
Name CARPENTER, WADE
Address 44 CANAL CENTER PLAZA
 SUITE 200
City-State-Zip: ALEXANDRIA VA 223141579

Title DIRECTOR
Name VILLANUEVA, RAY
Address 44 CANAL CENTER PLAZA
 SUITE 200
City-State-Zip: ALEXANDRIA VA 223141579

Title DIRECTOR
Name JOHNSON, WILL
Address 44 CANAL CENTER PLAZA
 SUITE 200
City-State-Zip: ALEXANDRIA VA 223141579

Title DIRECTOR
Name WALKER, KEN
Address 44 CANAL CENTER PLAZA
 SUITE 200
City-State-Zip: ALEXANDRIA VA 223141579

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TALUCCI, VINCENT**SECRETARY****03/03/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, SECRETARY
Name TALUCCI, VINCENT
Address 44 CANAL CENTER PLAZA
 SUITE 200
City-State-Zip: ALEXANDRIA VA 223141579

Title DIRECTOR
Name CASSTEVENS, STEVEN
Address 44 CANAL CENTER PLAZA
 SUITE 200
City-State-Zip: ALEXANDRIA VA 223141579

Title DIRECTOR, PRESIDENT
Name RENAUD, CYNTHIA
Address 44 CANAL CENTER PLAZA
 SUITE 200
City-State-Zip: ALEXANDRIA VA 223141579