

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000003655

Entity Name: NATSO, INC**Current Principal Place of Business:**1330 BRADDOCK PLACE
SUITE 501
ALEXANDRIA, VA 22314**Current Mailing Address:**1330 BRADDOCK PLACE
SUITE 501
ALEXANDRIA, VA 22314 US**FEI Number:** 52-0791433**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MULLINGS, LISA
Address 1330 BRADDOCK PLACE, #501
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name BOLDUC, BOB
Address 1330 BRADDOCK PLACE
SUITE 501
City-State-Zip: ALEXANDRIA VA 22314

Title PAST CHAIR
Name WOLLENMAN, BOB
Address 1330 BRADDOCK PLACE
SUITE 501
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name BOSSELMAN, CHARLIE
Address 1330 BRADDOCK PLACE
SUITE 501
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name BORDEN, DAMON
Address 1330 BRADDOCK PLACE
SUITE 501
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name LOVE, FRANK
Address 1330 BRADDOCK PLACE
SUITE 501
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name DANNIEL, GERALD
Address 1330 BRADDOCK PLACE
SUITE 501
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name HAYS, JIM
Address 1330 BRADDOCK PLACE
SUITE 501
City-State-Zip: ALEXANDRIA VA 22314

Continues on page 2

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: LISA MULLINGS**PRESIDENT****02/28/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HASLAM, JIMMY
Address 1330 BRADDOCK PLACE
SUITE 501
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name FISCHER, MATTHEW
Address 1330 BRADDOCK PLACE
SUITE 501
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name GILES, TED
Address 1330 BRADDOCK PLACE
SUITE 501
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name HEINZ, TOM
Address 1330 BRADDOCK PLACE
SUITE 501
City-State-Zip: ALEXANDRIA VA 22314

Title CHAIR
Name MEIER, DELIA
Address 1330 BRADDOCK PLACE
SUITE 501
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name ZIETLOW, JOSEPH
Address 1330 BRADDOCK PLACE
SUITE 501
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name PUTHUSSERIL, ROBIN
Address 1330 BRADDOCK PLACE
SUITE 501
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name GRIFFITH, TRISTEN
Address 1330 BRADDOCK PLACE
SUITE 501
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name PERTCHIK, JONATHAN
Address 1330 BRADDOCK PLACE
SUITE 501
City-State-Zip: ALEXANDRIA VA 22314