

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000005248

**FILED**  
**Jan 22, 2024**  
**Secretary of State**  
**5049032030CC**

**Entity Name:** NATIONAL ASSOCIATION OF STATE PROCUREMENT OFFICIALS, INC.

**Current Principal Place of Business:**

110 WEST VINE STREET  
SUITE 600  
LEXINGTON, KY 40507

**Current Mailing Address:**

110 WEST VINE STREET  
SUITE 600  
LEXINGTON, KY 40507 US

**FEI Number: 61-1227864**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
2894 REMINGTON GREEN LANE  
SUITE A  
TALLAHASSEE, FL 32308 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: WANDA PYLE**

**01/22/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name HATTON, LINDLE  
Address 110 WEST VINE STREET  
SUITE 240  
City-State-Zip: LEXINGTON KY 40507

Title PRESIDENT  
Name BOLLINGER, VALERIE  
Address 110 WEST VINE STREET  
SUITE 600  
City-State-Zip: LEXINGTON KY 40507

Title TREASURER  
Name BERG, STEVE  
Address 110 WEST VINE STREET  
SUITE 600  
City-State-Zip: LEXINGTON KY 40507

Title DIRECTOR  
Name SHELL, ANGELA  
Address 110 WEST VINE STREET  
SUITE 600  
City-State-Zip: LEXINGTON KY 40507

Title DIRECTOR  
Name POUNDS, BOBBY  
Address 110 WEST VINE STREET  
SUITE 600  
City-State-Zip: LEXINGTON KY 40507

Title DIRECTOR  
Name DAMORE, DEB  
Address 110 WEST VINE STREET  
SUITE 600  
City-State-Zip: LEXINGTON KY 40507

Title DIRECTOR  
Name AMBROSIER, JARED  
Address 110 WEST VINE STREET  
SUITE 600  
City-State-Zip: LEXINGTON KY 40507

Title DIRECTOR  
Name BERG, STEVE  
Address 110 WEST VINE STREET  
SUITE 600  
City-State-Zip: LEXINGTON KY 40507

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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: VALERIE BOLLINGER**

**PRESIDENT**

**01/22/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           APHAYRATH, WINDY  
Address        110 WEST VINE STREET  
                SUITE 600  
City-State-Zip: LEXINGTON KY 40507