



FILED

Mar 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Mar 20 1998 8:00am Secretary of State	
DOCUMENT # 836250 (1) 1. Corporation Name THE POCKET TESTAMENT LEAGUE, INC.							
Principal Place of Business 11 TOLL GATE ROAD LITITZ PA 17543 US				Mailing Address PO BOX 800 LITITZ PA 17543-7026		3. Date Incorporated or Qualified 04/28/1976	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country				2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 22-1616250 Applied For Not Applicable	
9. Name and Address of Current Registered Agent LUBKEMANN, ERNEST 3628 MEYER PLACE SARASOTA FL 33579				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE P NAME ROMINE, JERALD P. STREET ADDRESS 825 FOX HEDGE ROAD CITY-ST-ZIP FRANKLIN LAKES NJ				1.1 TITLE Tr 1.2 NAME Romine, Jerald P. 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE V NAME BARRINGER, WILLIAM C. STREET ADDRESS 155 PEARCE PARKWAY CITY-ST-ZIP PEARL RIVER NY				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE S NAME HALE, JAMES L STREET ADDRESS 910 LAKE ROAD CITY-ST-ZIP WEBSTER NY				3.1 TITLE Tr 3.2 NAME Hale, James L. 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE T NAME KAUFFMAN, ROBERT E. STREET ADDRESS 1306 BEACONFIELD LANE CITY-ST-ZIP LANCASTER PA				4.1 TITLE P 4.2 NAME Kauffman, Robert E. 4.3 STREET ADDRESS 390 Sarsen Drive 4.4 CITY-ST-ZIP Lititz, PA 17543			
TITLE TD NAME KOLMODIN, ARTHUR W. STREET ADDRESS 41 DONNA DR CITY-ST-ZIP FAIRFIELD NJ				5.1 TITLE Tr 5.2 NAME Kolmodin, Arthur W. 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE MD NAME ANDERSON, ROY W. STREET ADDRESS 1898 STURBRIDGE DR. CITY-ST-ZIP LANCASTER PA				6.1 TITLE S/T 6.2 NAME Mumma, Elizabeth R. 6.3 STREET ADDRESS 3312 Cochran Drive 6.4 CITY-ST-ZIP Lancaster, PA 17601			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.							