


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90090 015 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 836250					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/28/1976	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		22-1616250	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LUBKEMANN, ERNEST 3628 MEYER PLACE SARASOTA FL 33579				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	TR	<input type="checkbox"/> DELETE		1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROMINE, JERALD P			1.2 NAME	Wagner, Samuel B.		
STREET ADDRESS	825 FOX HEDGE ROAD			1.3 STREET ADDRESS	1687 Eureka Rd		
CITY-ST-ZIP	FRANKLIN LAKES NJ			1.4 CITY-ST-ZIP	Washington, IL 61571		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARRINGER, WILLIAM C.			2.2 NAME	Martin, Larry L.		
STREET ADDRESS	155 PEARCE PARKWAY			2.3 STREET ADDRESS	815 Reading Road		
CITY-ST-ZIP	PEARL RIVER NY			2.4 CITY-ST-ZIP	Terre Hill, PA 17581		
TITLE	TR	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALE, JAMES L			3.2 NAME	Barringer, William C.		
STREET ADDRESS	910 LAKE ROAD			3.3 STREET ADDRESS	155 Pearce Parkway		
CITY-ST-ZIP	WEBSTER NY			3.4 CITY-ST-ZIP	Pearl River, NY		
TITLE	P	<input type="checkbox"/> DELETE		4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAUFFMAN, ROBERT E			4.2 NAME	Mumma, Elizabeth R.		
STREET ADDRESS	390 SARSEN DR			4.3 STREET ADDRESS	3312 Cochran Dr		
CITY-ST-ZIP	LITITZ PA 17543			4.4 CITY-ST-ZIP	Lancaster, PA 17601		
TITLE	TR	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOLMODIN, ARTHUR W			5.2 NAME			
STREET ADDRESS	41 DONNA DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	FAIRFIELD NJ			5.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUMMA, ELIZABETH R			6.2 NAME			
STREET ADDRESS	3312 COCHRAN DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	LANCASTER PA 17601			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Treasurer 3/12/99 (117) 445 4536

CR2E037 (11/98)