


FILE NOW: FILING FEE IS \$61.25

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Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43320** (3)

1. Corporation Name  
**NATIONAL SOCIETY OF PHARMACEUTICAL SALES TRAINER  
S INCORPORATED**

Principal Place of Business <b>5 HOMESTED LANE AVON CT 06001-2933 US</b>	Mailing Address <b>5 HOMESTED LANE AVON CT 06001-2933 US</b>
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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
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3. Date Incorporated or Qualified <b>05/09/1991</b>	4. FEI Number <b>06-1045226</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**WHIGHAM, FRANK C  
SUN BANK BLDG  
200 W 1ST, SUITE 22  
SANFORD FL 32771**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	VPD NAME HARTNETT, ANDREW STREET ADDRESS 725 CHESTERBROOK BLVD LR-3E CITY-ST-ZIP WAYNE PA
TITLE	SD NAME NICHOLSON, CAROL STREET ADDRESS 100 LONGWATER CIRCLE CITY-ST-ZIP NORWELL MA 02061
TITLE	T NAME NATHAN, EDWARD STREET ADDRESS 150 RADNOR-CHESTER RD C-2 CITY-ST-ZIP ST DAVIDS PA
TITLE	PD NAME THOMPSON, TERRY STREET ADDRESS P O BOX 4500 N/A CITY-ST-ZIP PRINCETON NJ
TITLE	D NAME KOLODZINSKI, CYNTHIA STREET ADDRESS 100 OVERLOOK CENTER STE 200 CITY-ST-ZIP PRINCETON NJ
TITLE	BM NAME RODMAN, M. ROBERT STREET ADDRESS 5 HOMESTED LANE CITY-ST-ZIP AVON CT 06001-2933

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD NAME HARTNETT, ANDREW STREET ADDRESS 725 CHESTERBROOK BLVD LR-3E CITY-ST-ZIP WAYNE PA 19087
2.1 TITLE	SD NAME WANDA KEARNEY STREET ADDRESS ABBOTT LABORATORIES 260 ABBOTT PARK RD. CITY-ST-ZIP ABBOTT IL 60064
3.1 TITLE	150 RADNOR-CHESTER RD B-3
4.1 TITLE	VPD NAME JIM LAMARTINA STREET ADDRESS 182 TABOR RD. CITY-ST-ZIP MORRIS PLAINS, NJ 07950
5.1 TITLE	VPD NAME MARK CSORNE STREET ADDRESS 5206 OLD ORCHARD ROAD CITY-ST-ZIP SKOKIE, IL 60077
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: M. Robert Rodman 1/3/98 860 675-1824

CR2E037 (10/97)