


FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90101 004 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N43320					
1. Corporation Name NATIONAL SOCIETY OF PHARMACEUTICAL SALES TRAINER S INCORPORATED					
Principal Place of Business 5 HOMESTED LANE AVON CT 06001-2933 US			Mailing Address 5 HOMESTED LANE AVON CT 06001-2933 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/09/1991 4. FEI Number 06-1045226 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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 FL 85 Zip Code			
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARTNETT, ANDREW			1.2 NAME			
STREET ADDRESS	725 CHESTERBROOK BLVD LR-3E			1.3 STREET ADDRESS			
CITY-ST-ZIP	WAYNE PA 19089			1.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEARNEY, WANDA			2.2 NAME			
STREET ADDRESS	200 ABBOTT PARK RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	ABBOTT IL 60064			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NATHAN, EDWARD			3.2 NAME			
STREET ADDRESS	150 RADNOR CHESTER RD, B3			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST DAVIDS PA			3.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAMARTINA, JIM			4.2 NAME	JAMES LAMARTINA		
STREET ADDRESS	182 TABOR RD			4.3 STREET ADDRESS	182 TABOR RD.		
CITY-ST-ZIP	MORRIS PLAINS NJ 07950			4.4 CITY-ST-ZIP	MORRIS PLAINS, NJ 07950		
TITLE	VPD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	OSBORNE, MARK			5.2 NAME	TED MILLER		
STREET ADDRESS	5200 OLD ORCHARD ROAD			5.3 STREET ADDRESS	770 SUMNEYTOWN PIKE		
CITY-ST-ZIP	SKOKIE IL 60077			5.4 CITY-ST-ZIP	WEST POINT, PA 19486-004		
TITLE	BM	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODMAN, M. ROBERT			6.2 NAME			
STREET ADDRESS	5 HOMESTED LANE			6.3 STREET ADDRESS			
CITY-ST-ZIP	AVON CT 06001-2933			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: M. Robert Rodman **REQUIRED** 1/11/98 860 675-1824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)