

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43320

1. Entity Name

NATIONAL SOCIETY OF PHARMACEUTICAL SALES TRAINER

Principal Place of Business

Mailing Address

5 HOMESTED LANE
AVON CT 06001-2933
US

5 HOMESTED LANE
AVON CT 06001-2933
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1045226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHIGHAM, FRANK C
SUN BANK BLDG
200 W 1ST, SUITE 22
SANFORD FL 32771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~PR MD~~ ☒ Delete
NAME LA MARTINA, JAMES
STREET ADDRESS 182 TABOR ROAD
CITY-ST-ZIP MORRIS PLAINS NJ 07950

TITLE ~~VPD~~ ☒ Change ☒ Addition
NAME Ted Miller
STREET ADDRESS 770 Sumneytown Pike PO Box 4
CITY-ST-ZIP West Point, PA 19486-0004

TITLE SD ☐ Delete
NAME KEARNEY, WANDA
STREET ADDRESS 200 ABBOTT PARK RD
CITY-ST-ZIP ABBOTT IL 60064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME NATHAN, EDWARD
STREET ADDRESS 150 RADNOR CHESTER RD, B3
CITY-ST-ZIP ST DAVIDS PA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~VPD~~ ☒ Delete
NAME LA MARTINA, JIM
STREET ADDRESS 182 TABOR RD
CITY-ST-ZIP MORRIS PLAINS NJ 07950

TITLE ~~VPD~~ ☐ Change ☒ Addition
NAME STEVEN RAUSCHKOLB
STREET ADDRESS 182 TABOR ROAD
CITY-ST-ZIP MORRIS PLAINS, NJ 07950

TITLE ~~VPD PD~~ ☐ Delete
NAME OSBORNE, MARK
STREET ADDRESS 5200 OLD ORCHARD ROAD
CITY-ST-ZIP SKOKIE IL 60077

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE BM ☐ Delete
NAME RODMAN, M. ROBERT
STREET ADDRESS 5 HOMESTED LANE
CITY-ST-ZIP AVON CT 06001-2933

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)