

DOCUMENT # N43320

**NATIONAL SOCIETY OF PHARMACEUTICAL SALES TRAINER**

5 HOMESTED LANE  
AVON CT 06001-2933  
US

Suite, Apt. #, etc.

4. FEI Number 06-1045226

Applied For
Not Applicable

Zip	Country
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### 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

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 \_\_\_\_\_

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Miller, TED  
1180 Church Rd.  
Langdale, PA 19446

☒ Change ☐ Addition

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS	- - - - -	- - - - -
CITY-ST-ZIP		

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

TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Rauschkolb, Steven		
STREET ADDRESS	977 Anderson Hill Rd		
CITY-ST-ZIP	Rye Brook, NY 10573		

TITLE	V.P.D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JIM LA MARTINA		
STREET ADDRESS	5 Rolling Hill Ct.		
CITY-ST-ZIP	MADISON, NJ 07940-2747		

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)(i), 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:**

*M. Robert Rozman* **REQUIRED** *M. Robert Rozman* *1/16/00* *860 675-1824*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Date \_\_\_\_\_

Daytime Phone #

CR2E037 (10/00)

**www**