FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 16, 2001 8:00 am Secretary of State **DOCUMENT # N43320** 1. Entity Name NATIONAL SOCIETY OF PHARMACEUTICAL SALES TRAINER 01-16-2001 90098 036 \*\*\*\*61.25 Mailing Address Principal Place of Business 5 HOMESTED LANE 5 HOMESTED LANE AVON CT 06001-2933 AVON CT 06001-2933 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 06-1045226 Not Applicable ·· Country \$8.75 Additional Zip<sup>-</sup> Zip. Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WHIGHAM, FRANK C SUN BANK BLDG 200 W 1ST , SUITE 22 Zip Code City SANFORD FL 32771 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: П Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Miller, TED 1180 church Rd. LANGARIE, DA 19444 VPD Change ☐ Delete TITLE TITLE MILLER, TED NAME NAME 770 SUMNEYTOWN PIKE P O BOX 4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST POINT PA 19486-0004 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE KEARNEY, WANDA NAME NAME STREET ADDRESS 200~ABOTT-PARK\*RD~ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ABBOTT IL 60064 Change ☐ Addition ☐ Delete TITLE TITLE NATHAN, EDWARD NAME 150 RADNOR CHESTER RD, B3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST DAVIDS PA Change □ Addition ☐ Delete TITLE RAUSCH Kolb, STEWN RAUSCHKOLB, STEVEN 977 ANDERSON HALL POR Lye Brook, NY 10573 NAME NAME 182 TABOR RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MORRIS PLAINS NJ 07950 **VPD** Delete TITLE TITLE JIM LA MARTINA OSBORNE, MARK NAME NAME Rolling Hill CT. STREET ADDRESS 5200 OLD ORCHARD ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SKOKIE IL 60077 Change Change ☐ Addition BM ☐ Delete TITLE TITLE RODMAN, M. ROBERT NAME NAME STREET ADDRESS STREET ADDRESS **5 HOMESTED LANE** CITY-ST-ZIP CITY-ST-ZIP AVON CT 06001-2933

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.

IIREM. Robert Roaman 1/6/00 860 675-1834
FFICER OR DIRECTOR

Date

Date