


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90018 012 \*\*\*\*70.00

<b>DOCUMENT # N43320</b> 1. Entity Name <b>NATIONAL SOCIETY OF PHARMACEUTICAL SALES TRAINERS INCORPORATED</b>					
Principal Place of Business <b>5 HOMESTED LANE AVON, CT 06001-2933 US</b>			Mailing Address <b>4423 PHEASANT RIDGE ROAD SUITE 100 ROANOKE, VA 24014 US</b>		
2. Principal Place of Business <b>4423 Pheasant Ridge Rd</b>			3. Mailing Address		
Suite, Apt. #, etc. <b>STE 100</b>			Suite, Apt. #, etc.		
City & State <b>Roanoke VA</b>			City & State		
Zip <b>24014-5300</b>		Country <b>US</b>		Zip	
Country		4. FEI Number <b>06-1045226</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>WHIGHAM, FRANK C SUN BANK BLDG 200 W 1ST, SUITE 22 SANFORD, FL 32771</b>					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
VPD LANTING, ROBERT 4691 STONE MANOR HEIGHTS COLORADO SPRINGS, CO 80906		<input type="checkbox"/> Delete			
VPD KEARNEY, WANDA 200 ABBOTT PARK RD ABBOTT, IL 60064		<input type="checkbox"/> Delete			
J. CONSTANTINE, JOHN 3 FRANKLIN PLAZA, 166 VINE STREET PHILADELPHIA, PA 19102		<input type="checkbox"/> Delete			
P RAUSCHKOLB, STEVEN 977 ANDERSON HILL RD RYE BROOK, NY 10573		<input type="checkbox"/> Delete			
VPD MICKEY, MARIE 100 ROUTE 206 NORM PEAPACK, NJ 07977		<input checked="" type="checkbox"/> Delete			
D FAGAN, BRIAN J 6 BEAVER POND ROAD LOUDONVILLE, NY 12211		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
VPB JOHN CONSTANTINE 3 FRANKLIN PLAZA, 1600 VINE STREET Philadelphia, PA 19102-1361		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
T CHRIS DOWNEY 1 D NAWAY South San Francisco CA 94080-4990		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
P RAUSCHKOLB, STEVEN 300 Somerset Corporate CTR MC 503-410A BRIDGWATER, NJ 08807-0997		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
SECRETARY DENNIS KALSOW 95 Spring Street NEW PROVIDENCE, NJ 07974-1143		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
EXECUTIVE DIRECTOR (ED) BRIAN FAGAN 6 BEAVER POND ROAD LOUDONVILLE, NY 12211		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Brian J. Fagan</u> <b>BRIAN J. FAGAN</b> 7/12/04 540.725.3859 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

marked  
by MORN