## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N43320

FILED Apr 13, 2005 Secretary of State

Entity Name: NATIONAL SOCIETY OF PHARMACEUTICAL SALES TRAINERS INCORPORATED

Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
74423 PHEASANT RIDGE ROAD - STE 100 ROANOKE, VA 24014 US				4423 PHEASANT RIDGE ROAD - STE 100 ROANOKE, VA 24014 US		
Current Mailing Address:			New Maili	New Mailing Address:		
4423 PHE	ASANT RIDGE	ROAD				
SUITE 100		US				
FEI Number:	: 06-1045226	FEI Number Applied For ( )	FEI Number Not Appl	licable ( )	Certificate of Status Desired (X)	
Name and	l Address of C	Current Registered Agent:	Name and	Address o	f New Registered Agent:	
SUN BANI 200 W 1S <sup>-</sup> SANFORE	T , SUITE 22 D, FL 32771 U		urpose of changing i	ts registered	d office or registered agent, or both,	
n the State	e of Florida.	·		_		
SIGNATU						
	Electror	ic Signature of Registered Ager	nt		Date	
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGE	ES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: City-St-Zip:	LANTING, ROB 4691 STONE M	Delete ERT IANOR HEIGHTS PRINGS, CO 80906 US	Title: Name: Address: City-St-Zip:		() Change () Addition	
Fitle: Name: Address: City-St-Zip:	VPD ( ) KEARNEY, WA 200 ABOTT PA ABBOTT, IL 60	RK RD	Title: Name: Address: City-St-Zip:	OPPOLD, JI	N MONTGOMERY RD BOX 2059	
Fitle: Name: Address: City-St-Zip:	CONSTANTINE 3 FRANKLIN PL	Delete , JOHN ,AZA, 166 VINE STREET , PA 19102 US	Title: Name: Address: City-St-Zip:	CONSTANTI 1 FRANKLIN	(X) Change()Addition NE, JOHN N PLAZA, 200 N 16TH ST FP0745 HIA, PA 19102 US	
Fitle: Name: Address: City-St-Zip:	RAUSCHKOLB,	CORP. CTR MC 5C3-410A	Title: Name: Address: City-St-Zip:	RAUSCHKO 300 SOMER	(X) Change()Addition LB, STEVEN ISET CORP. CTR MC SC3-410A TER, NJ 08807 US	
Fitle: Name: Address: City-St-Zip:	S () KALSOW, DEN 95 SPRING STI PEAPACK, NJ	REET	Title: Name: Address: City-St-Zip:	S ADOFF, ARL 1 HEALTH P EAST HANO		
Fitle: Name: Address: City-St-Zip:	ED () FAGAN, BRIAN 6 BEAVER PON LOUDONVILLE	ID ROAD	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN J FAGAN ED 04/13/2005