


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90042 012 ****70.00

DOCUMENT # N43320 1. Entity Name NATIONAL SOCIETY OF PHARMACEUTICAL SALES TRAINERS INCORPORATED					
Principal Place of Business 4423 PHEASANT RIDGE ROAD - STE 100 ROANOKE, VA 24014 US			Mailing Address 4423 PHEASANT RIDGE ROAD SUITE 100 ROANOKE, VA 24014 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 06-1045226			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WHIGHAM, FRANK C SUN BANK BLDG 200 W 1ST, SUITE 22 SANFORD, FL 32771			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANTING, ROBERT 4691 STONE MANOR HEIGHTS COLORADO SPRINGS, CO 80906 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Limones, Debra D-35 W Bldg 34LL 200 Abbott Park Rd. Abbott Park, IL 60004-6191 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OPPOLD, JIM 8700 MASON MONTGOMERY RD BOX 2059 MASON, OH 45040 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONSTANTINE, JOHN 1 FRANKLIN PLAZA, 200 N 16TH ST FP0745 PHILADELPHIA, PA 19102 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Constantine, John 3 Franklin Plaza, 1600 Vine Street Philadelphia, PA 19102 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADOFF, ARLENE 1 HEALTH PLAZA EAST HANOVER, NJ 07936 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED FAGAN, BRIAN J 6 BEAVER POND ROAD LOUDONVILLE, NY 12211 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Chidambaram, Muni 22 Tower Center Blvd. East Brunswick, NJ 08816-1100 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>B. Mani Fagan, Executive Director, SPRT</u> <u>4/30/2007</u> <u>518-449-1504</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40096139

143320

2007 Annual Report Attachment

Vice President/Director
Carol Wells
1 DNA Way
M/S 69, Office 251072
South San Francisco, CA 94080

Secretary/Director
Jennifer Zinn
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Raritan, NJ 08869-0606

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Sue Clark
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Jim LaMartina
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Kenilworth, NJ 07033-1310

Director
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Mississauga Ontario L5N 8M5

Director
Anne Whitaker
Five Moore Drive
Research Triangle Park, NC 27709

Director (Through March 2007)
John Woychick
235 East 42nd Street
New York, NY 10017-5703

Director (Effective February 2007)
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SC4-325A
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