

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N43320

FILED
Jan 06, 2003
Secretary of State

Entity Name: NATIONAL SOCIETY OF PHARMACEUTICAL SALES TRAINERS INCORPORATED

Current Principal Place of Business:

5 HOMESTED LANE
AVON, CT 060012933 US

New Principal Place of Business:

Current Mailing Address:

5 HOMESTED LANE
AVON, CT 060012933 US

New Mailing Address:

4423 PHEASANT RIDGE ROAD
SUITE 100
ROANOKE, VA 24014 US

FEI Number: 06-1045226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHIGHAM, FRANK C
SUN BANK BLDG
200 W 1ST , SUITE 22
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: LANTINA, ROBERT
Address: 4691 STONE MANOR HEIGHTS
City-St-Zip: COLORADO SPRINGS, CO 80906

Title: VPD () Delete
Name: KEARNEY, WANDA
Address: 200 ABBOTT PARK RD
City-St-Zip: ABBOTT, IL 60064

Title: T () Delete
Name: NATHAN, EDWARD
Address: 150 RADNOR CHESTER RD, B3
City-St-Zip: ST DAVIDS, PA

Title: P () Delete
Name: RAUSCHKOLB, STEVEN
Address: 977 ANDERSON HILL RD
City-St-Zip: RYE BROOK, NY 10573

Title: VPD () Delete
Name: MICKEY, MARIE
Address: 100 ROUTE 206 NORM
City-St-Zip: PEAPACK, NJ 07977

Title: BM () Delete
Name: RODMAN, M. ROBERT
Address: 5 HOMESTED LANE
City-St-Zip: AVON, CT 060012933

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: LANTING, ROBERT
Address: 4691 STONE MANOR HEIGHTS
City-St-Zip: COLORADO SPRINGS, CO 80906 US

Title: VPD (X) Change () Addition
Name: KEARNEY, WANDA
Address: 200 ABBOTT PARK RD
City-St-Zip: ABBOTT, IL 60064 US

Title: T (X) Change () Addition
Name: CONSTANTINE, JOHN
Address: 3 FRANKLIN PLAZA, 166 VINE STREET
City-St-Zip: PHILADELPHIA, PA 19102 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FAGAN, BRIAN J
Address: 6 BEAVER POND ROAD
City-St-Zip: LOUDONVILLE, NY 12211

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

D

01/06/2003

Electronic Signature of Signing Officer or Director

Date