

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 814991 (6)

1. Corporation Name

LEUKEMIA SOCIETY OF AMERICA, INC.

Principal Place of Business

Mailing Address

**600 THIRD AVENUE
NEW YORK NY 10016**

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NEW YORK NY 10016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/12/1961	3a. Date of Last Report 04/20/1984
4. FEI Number 13-5644916	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROTH, DIANE
3725 WEST GRACE STREET
SUITE 225
TAMPA FL 33607-4834**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VC D	1.1 TITLE	VICE CHAIRMAN <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTLEY, ROBERT A.	1.2 NAME	CANTELY, ROBERT A. D
STREET ADDRESS	36063 CRIPPS PLACE	1.3 STREET ADDRESS	36063 Cripps Place
CITY - ST - ZIP	FREMONT CA	1.4 CITY - ST - ZIP	Fremont, CA 94536
TITLE	SD D NEW SECRETARY/DIRECTOR	2.1 TITLE	Secretary D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, ROBERT H LISTED BOX 13-->	2.2 NAME	James W. Bendall BENDALL, JAMES W. D
STREET ADDRESS	73 W. FLAGLER	2.3 STREET ADDRESS	836 Plymouth Avenue
CITY - ST - ZIP	MIAMI FL 33130	2.4 CITY - ST - ZIP	Schenectady, NY 12308
TITLE	T D	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSMANINGER, VICTOR K.	3.2 NAME	HAUSMANINGER, VICTOR K. D
STREET ADDRESS	19600 FAIRCHILD, STE. 320	3.3 STREET ADDRESS	19600 Fairchild, Suite 320
CITY - ST - ZIP	IRVINE CA	3.4 CITY - ST - ZIP	Irvine, CA 92715
TITLE	VC D	4.1 TITLE	Vice Chairman <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYS, KATHLEEN R.N. M	4.2 NAME	Hays, Kathleen R. N., M.N. D
STREET ADDRESS	MONTEFIORE HOSPITAL, 3459 FIFTH AVE.	4.3 STREET ADDRESS	Montefiore Hospital, 3459 Fifth Ave.
CITY - ST - ZIP	PITTSBURGH PA	4.4 CITY - ST - ZIP	Pittsburgh, PA 15213
TITLE	VD D NEW VICE CHAIRMAN/DIRECTOR LISTED	5.1 TITLE	Vice Chairman D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, WILLIAM M. JR. BOX 13 ---->	5.2 NAME	Dennis F. Moore, M.D. Moore, Dennis F.
STREET ADDRESS	7006 FORSYTH	5.3 STREET ADDRESS	Wichita Clinic, 3311 East Murdock
CITY - ST - ZIP	ST. LOUIS MO	5.4 CITY - ST - ZIP	Wichita, KS 67208
TITLE	COB D	6.1 TITLE	Chairman of the Board <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ROBERT L.	6.2 NAME	Perez, Robert L. D
STREET ADDRESS	ONE SHELL SQUARE, STE. 3500	6.3 STREET ADDRESS	One Shell Square, Ste. 3500
CITY - ST - ZIP	NEW ORLEANS FL	6.4 CITY - ST - ZIP	New Orleans, LA 70139

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Victor K. Hausmaninger 3/28/95 (212) 573-8484
(Signature and typed or printed name of registered officer or director) (Date) (Telephone #)

APPROVED AND FILED
95 APR 24 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA