

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 814991 (6)

1. Corporation Name
LEUKEMIA SOCIETY OF AMERICA, INC.



Principal Place of Business: **600 THIRD AVENUE NEW YORK NY 10016**
Mailing Address: **600 THRD AVENUE NEW YORK NY 10016**

3. Date Incorporated or Qualified: **02/12/1961**
3a. Date of Last Report: **04/24/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		13-5644916	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85
				West Palm Beach			33407

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Patricia McDonald* **Patricia McDonald** (NOTE: Registered Agent signature required when reinstating) *4/8/96*

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VDC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VC/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CANTLEY, ROBERT A.		1.2 NAME	Reimers, William H.			
STREET ADDRESS	36063 CRIPPS PLACE		1.3 STREET ADDRESS	910 Lynchburg Drive			
CITY-ST-ZIP	FREMONT CA		1.4 CITY-ST-ZIP	Jacksonville, NC 28546			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BENDALL, JAMES W.		2.2 NAME	Fess, Richard A.			
STREET ADDRESS	836 PLYMOUTH AVENUE		2.3 STREET ADDRESS	1430 Gene Street			
CITY-ST-ZIP	SCHENECTADY NY		2.4 CITY-ST-ZIP	Winter Park, FL 32789			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HAUSMANINGER, VICTOR K.		3.2 NAME	Silver, Jay L.			
STREET ADDRESS	19600 FAIRCHILD, STE. 320		3.3 STREET ADDRESS	4265 San Felipe Road, Ste. 800			
CITY-ST-ZIP	IRVINE CA		3.4 CITY-ST-ZIP	Houston, TX 77027			
TITLE	VCD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	VC/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HAYS, KATHLEEN R.N. M		4.2 NAME	McCaffrey, Ronald P., MD			
STREET ADDRESS	MONTEFIORE HOSPITAL, 3459 FIFTH AVE.		4.3 STREET ADDRESS	88 East Newton Street			
CITY-ST-ZIP	PITTSBURGH PA		4.4 CITY-ST-ZIP	Boston, MA 02118			
TITLE	VCD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MOORE, DENNIS F.		5.2 NAME	Bergmann, Laura P.			
STREET ADDRESS	3311 E MURDOCK		5.3 STREET ADDRESS	24629 Deer Trace Drive			
CITY-ST-ZIP	WICHITA KS		5.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082			
TITLE	COBD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	COB/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	PEREZ, ROBERT L.		6.2 NAME	Ward, William M.			
STREET ADDRESS	ONE SHELL SQUARE, STE. 3500		6.3 STREET ADDRESS	7905 Forsyth			
CITY-ST-ZIP	NEW ORLEANS FL		6.4 CITY-ST-ZIP	St. Louis, MO 63105			

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)(k), 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: *Jay L. Silver* **Jay L. Silver** Date: *April 28, 1996* Daytime Phone #: *713-621-2808*

CR2E037 (12/95)