

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 814991 (6)

1. Corporation Name
LEUKEMIA SOCIETY OF AMERICA, INC.



Principal Place of Business 600 THIRD AVNEUE NEW YORK NY 10016	Mailing Address 600 THIRD AVNEUE NEW YORK NY 10016
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/12/1961	3a. Date of Last Report 05/01/1996
4. FEI Number 13-5644916	Applied For <input type="checkbox"/> 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
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

**MCDONALD, PATRICIA
5840 CORPORATE WAY
STE. 102
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

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 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* DATE: **1/28/97**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIMERS, WILLIAM H	1.2 NAME	
STREET ADDRESS	910 LYNCHBURG DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE NC	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FESS, RICHARD A	2.2 NAME	
STREET ADDRESS	1430 GENE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, JAY L	3.2 NAME	
STREET ADDRESS	4265 SAN FELIPE RD, STE. 800	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	
TITLE	VCD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAFFREY, RONALD P MD	4.2 NAME	
STREET ADDRESS	88 E. NEWTON ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGMANN, LAURA P	5.2 NAME	
STREET ADDRESS	24629 DEER TRACE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	COBD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, WILLIAM M	6.2 NAME	
STREET ADDRESS	7905 FORSYTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William H Reimers* DATE: **1/18/97**

CR2E037 (9/96)