

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address

2. Principal Place of Business 2a. Mailing Address  
21 600 Third Avenue 26 600 Third Avenue  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 New York, NY 28 New York, NY  
Zip Country Zip Country  
24 10016 25 USA 29 10016 30 USA

3. Date Incorporated or Qualified  
2/12/61  
4. FEI Number 13-5644916 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
McDonald, Patricia  
5840 Corporate Way  
Suite 102  
West Palm Beach, Florida 33407

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
90000248689  
83 -04/13/98--01080--022  
84 City \*\*\*61.25 FL 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and if not applicable (NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman of the Board <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Reimers, William H.
1.3 STREET ADDRESS	910 Lynchburg Drive
1.4 CITY - ST - ZIP	Jacksonville, NC 28546
2.1 TITLE	Vice Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Silver, Jay L.
2.3 STREET ADDRESS	422 Dockside Court
2.4 CITY - ST - ZIP	Sugar Land, TX 77478-4741
3.1 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Fess, Richard A.
3.3 STREET ADDRESS	1430 Gene Street
3.4 CITY - ST - ZIP	Winter Park, FL 32789
4.1 TITLE	National Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Allen, Bruce H.
4.3 STREET ADDRESS	255 South County Road
4.4 CITY - ST - ZIP	Palm Beach, FL 33480
5.1 TITLE	National Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Allen, Fay
5.3 STREET ADDRESS	1315 Spring Street, Suite 109
5.4 CITY - ST - ZIP	Jeffersonville, IN 47130
6.1 TITLE	National Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Allison, Scott W.
6.3 STREET ADDRESS	701 "B" Street, Suite 1400
6.4 CITY - ST - ZIP	San Diego, CA 92101

14. I 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John E. Walter 3/31/98 (212) 573-8484  
Date Daytime Phone

CR2E037 (10/97)