

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 26, 1999 8:00 am
Secretary of State

0080350

04-26-1999 90086 026 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 814991

1. Corporation Name
LEUKEMIA SOCIETY OF AMERICA, INC.

413497 - 90086 - 26

Principal Place of Business
 600 THIRD AVENUE
 NEW YORK NY 10016

Mailing Address
 600 THIRD AVENUE
 NEW YORK NY 10016



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	600 Third Avenue	26	600 Third Avenue	02/12/1961	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	Fourth Floor	27	Fourth Floor	13-5644916	
City & State		City & State		Applied For	
23	New York, NY	28	New York, NY	Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24	10016	25	USA	29	
Country		Country		30	
USA		USA		6. Election Campaign Financing <input type="checkbox"/>	
				Trust Fund Contribution <input type="checkbox"/>	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

\$8.75 Additional Fee Required

\$5.00 May Be Added to Fees

MCDONALD, PATRICIA 5840 CORPORATE WAY STE. 102 WEST PALM BEACH FL 33407		81	Name		
		82	Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84	City	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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIMERS, WILLIAM H	1.2 NAME	
STREET ADDRESS	910 LYNCHBURG DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE NC 28546	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice-Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FESS, RICHARD A	2.2 NAME	Silver, Jay L
STREET ADDRESS	1430 GENE ST.	2.3 STREET ADDRESS	422 Dockside Court
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	Sugar Land, Texas 77478-4741
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVER, JAY L	3.2 NAME	Fess, Richard A
STREET ADDRESS	4265 SAN FELIPE RD, STE. 800	3.3 STREET ADDRESS	1430 Gene St.
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	Winter Park FL 32789
TITLE	VCD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice-Chairman-Med/Sci <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCAFFREY, RONALD P MD	4.2 NAME	May Jr., W. Stratford
STREET ADDRESS	88 E. NEWTON ST.	4.3 STREET ADDRESS	Univ. of Texas, 9104 Med Rch., 301 Univ
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	Bldv., Galveston, Texas 77555-1048
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Exec. Committee Member & <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGMANN, LAURA P	5.2 NAME	Trustee, Ward, William M
STREET ADDRESS	24629 DEER TRACE DR.	5.3 STREET ADDRESS	6525 East Mainsgate
CITY-ST-ZIP	PONTE VEDRA BEACH FL	5.4 CITY-ST-ZIP	Wichita, Kansas 67226
TITLE	COBD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Exec. Committee Member & <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, WILLIAM M	6.2 NAME	Trustee, Nolan, Andrew E
STREET ADDRESS	7905 FORSYTH	6.3 STREET ADDRESS	1177 Sixth Avenue, Room 2250
CITY-ST-ZIP	ST. LOUIS MO	6.4 CITY-ST-ZIP	New York, NY 10036

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *John E. Walter* **SIGNATURE REQUIRED** John E. Walter (212) 573-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-11/98