

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90060 013 ****70.00

DOCUMENT # 814991
1. Entity Name
 The Leukemia & Lymphoma Society

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**
 1311 Mamaroneck Avenue 1311 Mamaroneck Avenue
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 White Plains, NY White Plains, NY
Zip **Country** **Zip** **Country**
 10605 USA 10605 USA

4. FEI Number **Applied For**
 13-5644916 **Not Applicable**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

00056389

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 4360 Northlake Blvd., Suite 109
 Palm Beach Gardens, FL 33410
 (Address Only)

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW
FEES \$61.25

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	Chairman <input type="checkbox"/> Delete
NAME	Jay L. Silver
STREET ADDRESS	422 Dockside Court
CITY-ST-ZIP	Sugarland, TX 77478
TITLE	Vice Chairman <input type="checkbox"/> Delete
NAME	Peter Quesenberry
STREET ADDRESS	55 Lake Avenue North
CITY-ST-ZIP	Worcester, MA 01655
TITLE	Secretary/Treasurer <input type="checkbox"/> Delete
NAME	Richard Fess
STREET ADDRESS	1230 Douglas Avenue, Suite 300
CITY-ST-ZIP	Longwood, FL 32779
TITLE	Vice Chairman Med/Sci <input type="checkbox"/> Delete
NAME	W. Stratford May, Jr., MD
STREET ADDRESS	University of FL, Box 100232
CITY-ST-ZIP	Gainesville, FL 32610
TITLE	Exec. Committee Member/Trustee <input type="checkbox"/> Delete
NAME	William Ward
STREET ADDRESS	1945 N. Rockroad #110
CITY-ST-ZIP	Wichita, KS 67206
TITLE	Exec. Committee Member/Trustee <input type="checkbox"/> Delete
NAME	Andrew Nolan
STREET ADDRESS	1177 6th Avenue, Room 2250
CITY-ST-ZIP	New York, NY 10036

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **4/27/01** **914-949-5213**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)