

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90089 040 ****70.00

DOCUMENT # 814991

1. Entity Name
THE LEUKEMIA & LYMPHOMA SOCIETY, INC.

Principal Place of Business

ATTN: JIMMY NANGLE
 1311 MAMARONECK AVENUE
 WHITE PLAINS NY 10605

Mailing Address

ATTN: JIMMY NANGLE
 1311 MAMARONECK AVENUE
 WHITE PLAINS NY 10605

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-5644916

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	COB	<input type="checkbox"/> Delete
NAME	REIMERS, WILLIAM H	
STREET ADDRESS	910 LYNCHBURG DRIVE	
CITY-ST-ZIP	JACKSONVILLE NC 28546	
TITLE	VC	<input type="checkbox"/> Delete
NAME	SILVER, JAY L	
STREET ADDRESS	422 DOCKSIDE CT	
CITY-ST-ZIP	SUGAR LAND TX 77478-4741	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FESS, RICHARD A	
STREET ADDRESS	1430 GENE ST	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VCMS	<input type="checkbox"/> Delete
NAME	STRATFORD, MAY W JR	
STREET ADDRESS	9104 MED RCH., 301 UNIV., BLVD	
CITY-ST-ZIP	GALVESTON TX 77555-1048	
TITLE	ECM	<input checked="" type="checkbox"/> Delete
NAME	WARD, WILLIAM M	
STREET ADDRESS	8525 E MAINGATE	
CITY-ST-ZIP	WICHITA KS 67226	
TITLE	ECM	<input checked="" type="checkbox"/> Delete
NAME	NOLAN, ANDREW E	
STREET ADDRESS	1177 SIXTH AVE., RM 2250	
CITY-ST-ZIP	NEW YORK NY 10036	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	COB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norbert Sieber	
STREET ADDRESS	Four Station Square	
CITY-ST-ZIP	Pittsburgh, PA 15219	
TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank T. Short	
STREET ADDRESS	135 N. Pennsylvania Street, Ste. 1400	
CITY-ST-ZIP	Indianapolis, IN 46204	
TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald H. Salsbery	
STREET ADDRESS	1775 K. Street, NW	
CITY-ST-ZIP	Washington, DC 20006	
TITLE	VCMS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan M. Gewirtz, MD	
STREET ADDRESS	421 Curie Blvd.	
CITY-ST-ZIP	Philadelphia, PA 19104	
TITLE	EVP/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John E. Walter	
STREET ADDRESS	1311 Mamaroneck Avenue	
CITY-ST-ZIP	White Plains, NY 10605	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dwayne Howell	
STREET ADDRESS	1311 Mamaroneck Avenue	
CITY-ST-ZIP	White Plains, NY 10605	

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]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

914-949-5213

Date

Daytime Phone #

CFR2E037 (9/01)