2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #814991** 1. Entity Name THE LEUKEMIA & LYMPHOMA SOCIETY, INC.

FILED May 15, 2002 8:00 am Secretary of State 05-15-2002 90089 040 ****70.00

Principal Plac	ce of Business	Mailing Address							
ATTN: JIMMY NANGLE 1311 MAMARONECK AVENUE WHITE PLAINS NY 10805		ATTN: JIMMY NANGLE 1311 MAMARONECK AVENUE WHITE PLAINS NY 10605			1 14000 1830 2184 07	210 18118 (8181 1195 8191)	81811 81 8 14 8 1411 811	1(1 8)8 ((183)	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
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City & State		City & State			4. FEI Number 13-5644916		<u> </u>	ot Applicable	
Zip	Country	Zip	Country		5. Certificate of Status	s Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Curren	Registered Agent			7. Name and Address	s of New Registere	d Agent		
•			N	lame					
5840 COF	ld, patricia Rporate way		St	treet Address	(P.O. Box Number is Not	Acceptable)			
STE. 102 West Palm Beach FL 33407			City		FL		Zip Coo	Zip Code	
9 The show	e named entity submits this statement f	or the nurnose of chang	ing its registered o	ffice or registe	red agent or both in the	state of Florida.			
o. The above	e named entity submits this statement i	or the purpose of chang	ing ita regiatered o	inico di rogiato	rod agoni, or boni, in the				
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SIGNATURE						0.47	<u> </u>		
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	Signature, typed or printed name of registered ager	t and title if applicable.	(NOTE: Registered Age	ant signature require	d when reinstating)	DATI			
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indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR