


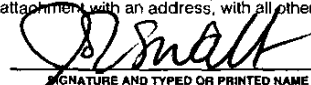
**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90467 005 \*\*\*\*61.25

42074100



<b>DOCUMENT # 814991</b>					
1. Entity Name <b>THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC.</b>					
Principal Place of Business 1311 MANARONECK AVE. WHITE PLAINS, NY 10605			Mailing Address 1311 MANARONECK AVE. 1311 MAMARONECK AVENUE WHITE PLAINS, NY 10605		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04292004 Chg-NP CR2E037 (10/03)	
Zip	Country	Zip	Country	4. FEI Number 13-5644916	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCDONALD, PATRICIA 4360 NORTH LAKE BLVD. PALM BEACH GARDENS, FL 33410			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	COB	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEBER, NORBERT			NAME	
STREET ADDRESS	FOUR STATION SQUARE			STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH, PA 15219			CITY-ST-ZIP	
TITLE	VC	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORT, FRANK T			NAME	
STREET ADDRESS	135 N PENNSYLVANIA STREET, STE 1400			STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS, IN 46204			CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALSBERY, DONALD H			NAME	
STREET ADDRESS	1775 K STREET, NW			STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, DC 20006			CITY-ST-ZIP	
TITLE	VCMS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEWIRTZ, ALAN M MD			NAME	
STREET ADDRESS	421 CURIE BLVD			STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA, PA 19104			CITY-ST-ZIP	
TITLE	EVCF	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER, JOHN E			NAME	
STREET ADDRESS	1311 MAMARONECK AVENUE			STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS, NY 10605			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, DWAYNE			NAME	
STREET ADDRESS	1311 MAMARONECK AVENUE			STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS, NY 10605			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: 		Date: 5/2/04		Daytime Phone #: (914) 949-5213	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					