


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90023 001 ***122.50

DOCUMENT # 814991
 1. Entity Name
THE LEUKEMIA & LYMPHOMA SOCIETY, INC.



Principal Place of Business
 1311 MANARONECK AVE.
 WHITE PLAINS, NY 10605

Mailing Address
 1311 MANARONECK AVE.
 1311 MAMARONECK AVENUE
 WHITE PLAINS, NY 10605

66000094



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01052005 Chg-NP CR2E037 (10/03)

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
 4360 NORTH LAKE BLVD.
 PALM BEACH GARDENS, FL 33410

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB SIEBER, NORBERT FOUR STATION SQUARE PITTSBURGH, PA 15219 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SHORT, FRANK T 135 N PENNSYLVANIA STREET, STE 1400 INDIANAPOLIS, IN 46204 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SALSBERY, DONALD H 1775 K-STREET, NW WASHINGTON, DC 20006 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCMS GEWIRTZ, ALAN M MD 421 CURIE BLVD PHILADELPHIA, PA 19104 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCF WALTER, JOHN E 1311 MAMARONECK AVENUE WHITE PLAINS, NY 10605 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWELL, DWAYNE 1311 MAMARONECK AVENUE WHITE PLAINS, NY 10605 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB JOHN M. KAMINS 2290 FIRST NATIONAL BUILDING DETROIT, MI 48226-3506 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DAVID FRANTZE 1201 WALNUT, SUITE 2800 KANSAS CITY, MO 64106-2150 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMAS L. FITZPATRICK ONE NEW BOND STREET WORCESTER, MA 01615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCMS BEVERLY S. MITCHELL, MD UNIVERSITY NC AT CHAPEL HILL CB#7305, 3009 OLD CLINIC BUILDING CHAPEL HILL, NC 27599-7305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **John E. Walter** **1/5/05** **914-949-5213**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #