

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90011 018 \*\*\*\*61.25

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

**DO NOT WRITE IN THIS SPACE**

**40008309**

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

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**White Plains, NY**

City & State

Zip  
**10605**

Country  
**USA**

Zip

Country

4. FEI Number  
**13-5644916**

Applied For  
Not Applicable

**DO NOT WRITE  
IN THIS SPACE**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name  
**Patricia McDonald**

Street Address (P.O. Box Number is Not Acceptable)  
**4360 North Lake Blvd.**

City  
**Palm Beach Gardens FL**

Zip Code  
**33410**

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 \_\_\_\_\_

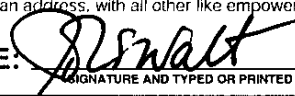
**FEE IS \$61.25  
Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>COB John M. Kamins 2290 First National Bldg. Detroit, MI 48226-3506</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC David Frantze 1201 Walnut, Suite 2600 Kansas City, MO 64106-2150</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST Thomas L. Fitzpatrick One New Bond Street Worcester, MA 01615</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCMS Beverly S. Mitchell, MD UNC at Chapel Hill CB#7305 3009 Old Clinic Bldg. Chapel Hill, NC 27599</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President &amp; CEO Dwayne Howell 1311 Mamaroneck Avenue White Plains, NY 10605</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP &amp; CFO John Walter 1311 Mamaroneck Avenue White Plains, NY 10605</b>	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **John Walter** **1/30/06** **914-949-5213**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)