2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # 814991 1. Entity Name THE LEUKEMIA & LYMPHOMA SOCIETY, INC.					04-28-2008 90396 008 ****61.25				
Principal Place of Business Mailing Address 1311 MANARONECK AVE. WHITE PLAINS, NY 10605 1311 MAMARONECK AVENUE WHITE PLAINS, NY 10605									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				211 12 12 1			UNI E IEU
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04092008 C	hg-NP	CR2E03	7 (12/06)		
City & State		City & State		4. FEI Number 13-56449	16			oplied For ot Applicable	
Zip	Country	Zip	Zip Cour		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New R	egistered A	gent	
				Name					
PAYNE, PAMELA 4360 NORTH LAKE BLVD.				Street Address (P.O. Box Number is Not Acceptable)					
PALM BEA									
				City	FL Zip Code				
	named entity submits this statement folions of registered agent. Signature, typed or printed name of registered agent.			ad office or regisi		1 the State of PK	DATE	amiliar with,	and accept
1 111119 100 10 40 11-0			ampaign Financing Contribution,						
					\$5.00 May Be Added to Fees		ake check Ida Depart		
10.		Trust Fund				Ftor	ida Depart	ment of St	tate
10. TITLE MAME STREET ADDRESS CHY-ST-ZP	OFFICERS AND DIF COB FRANTZE, DAVID 1201 WALNUT, SUITE 2600	Trust Fund	11. TITLE NAME STREE	on.	Added to Fees	Ftor	ida Depart RS AND DIR	ment of St	tate
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Gordon Miller Jr.

SIGNATURE AND YEAR OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR