

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814991

FILED
Apr 20, 2009
Secretary of State

Entity Name: THE LEUKEMIA & LYMPHOMA SOCIETY, INC.

Current Principal Place of Business:

1311 MANARONECK AVE.
WHITE PLAINS, NY 10605

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

1311 MANARONECK AVE.
WHITE PLAINS, NY 10605

FEI Number: 13-5644916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYNE, PAMELA
4360 NORTH LAKE BLVD.
SUITE 109
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: FRANTZE, DAVID
Address: 1201 WALNUT, SUITE 2600
City-St-Zip: KANSAS CITY, MO 641062150

Title: VC () Delete
Name: CIENKI, PAUL
Address: 77 A STREET
City-St-Zip: NEEDHAM HEIGHTS, MA 024942806

Title: ST () Delete
Name: HUNTER, THOMAS
Address: 1311 MAMARONECK AVENUE
City-St-Zip: WHITE PLAINS, NY 10605

Title: VCMS () Delete
Name: KEATING, ARMAND MD
Address: 1311 MAMARONECK AVENUE
City-St-Zip: WHITE PLAINS, NY 10605

Title: VPCF () Delete
Name: NANGLE, JAMES
Address: 1311 MAMARONECK AVENUE
City-St-Zip: WHITE PLAINS, NY 10605

Title: P () Delete
Name: WALTER, JOHN
Address: 1311 MAMARONECK AVENUE
City-St-Zip: WHITE PLAINS, NY 10605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB (X) Change () Addition
Name: STEVEN, HOOKER
Address: 6411 SW SWEETBRIAR COURT
City-St-Zip: PORTLAND, OR 97221 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GORDON MILLER JR

VP

04/20/2009

Electronic Signature of Signing Officer or Director

Date