

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90066 035 ****61.25

DOCUMENT # 814991

1. Entity Name
THE LEUKEMIA & LYMPHOMA SOCIETY, INC.



Principal Place of Business
ATTN: JIMMY NANGLE
1311 MAMARONECK AVENUE
WHITE PLAINS NY 10605

Mailing Address
ATTN: JIMMY NANGLE
1311 MAMARONECK AVENUE
WHITE PLAINS NY 10605

11006566



CHECK HERE IF MAKING CHANGES

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

3. Mailing Address
1311 Mamaroneck Avenue
Suite, Apt. #, etc.

City & State
White Plains, NY

City & State
White Plains, NY

4. FEI Number **13-5644916**

Applied For
 Not Applicable

Zip
10605

Country
USA

Zip
10605

Country
USA

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

6. Name and Address of Current Registered Agent

MCDONALD, PATRICIA
5840 CORPORATE WAY
STE. 102
WEST PALM BEACH FL 33407

4360 Northlake Boulevard
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature* **REQUIRED**

4/17/03 (914) 949-5213

CR2E037 (10/02)