


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000002996
 1. Entity Name
LEUKEMIA CLINICAL RESEARCH FOUNDATION, INC.



Principal Place of Business 926 VALLEY OAKS ROAD ST. PAUL, MN 55127-3641	Mailing Address 926 VALLEY OAKS ROAD ST. PAUL, MN 55127-3641
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04262006 No Chg-NP CR2E037 (11/05)

4. FEI Number 41-1586846	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLOOMFIELD, CLARA 320 W. 10TH AVENUE COLUMBUS, OH 43210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHRISTISON, RICHARD J 148 DIVISADERO, UNIT C SAN FRANCISCO, CA 94017
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or without other like empowered.

SIGNATURE: Richard J. Christison **Richard J. Christison** 4/27/06 **(651) 653-8353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #