

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2007  
Secretary of State**

DOCUMENT# F05000002996

Entity Name: LEUKEMIA CLINICAL RESEARCH FOUNDATION, INC.

**Current Principal Place of Business:**

926 VALLEY OAKS ROAD  
ST. PAUL, MN 551273641

**New Principal Place of Business:**

**Current Mailing Address:**

926 VALLEY OAKS ROAD  
ST. PAUL, MN 551273641

**New Mailing Address:**

FEI Number: 41-1586846      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: P ( ) Delete  
Name: BLOOMFIELD, CLARA  
Address: 320 W. 10TH AVENUE  
City-St-Zip: COLUMBUS, OH 43210

Title: ST ( ) Delete  
Name: CHRISTISON, RICHARD J  
Address: 148 DIVISADERO, UNIT C  
City-St-Zip: SAN FRANCISCO, CA 94017

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: KENNETH D. ROWE

ADM

04/28/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date