

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002996

FILED  
May 01, 2012  
Secretary of State

**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  
Name: BLOOMFIELD, CLARA  
Address: 300 W.10TH AVENUE  
City-St-Zip: COLUMBUS, OH 43210

Title: ST  
Name: CHRISTISON, RICHARD J  
Address: 2510 GRAND BLVD., APT 1203  
City-St-Zip: KANSAS CITY, MO 64108

Title: D  
Name: CALIGIURI, MICHAEL DIRECTO  
Address: 300 W.10TH AVENUE  
City-St-Zip: COLUMBUS, OH 43210

I hereby 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 all other like empowered.

SIGNATURE: RICHARD J. CHRISTISON

ST

05/01/2012

Electronic Signature of Signing Officer or Director

Date