

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90038 047 \*\*\*158.75

**DOCUMENT # F94000001480**

**1. Entity Name**

**CANCER RESEARCH FUND OF THE DAMON RUNYON-WALTER WINCHELL FOUNDATION, INC.**

**Principal Place of Business**

**675 THIRD AVENUE  
NEW YORK FL 10017  
US**

**Mailing Address**

**675 THIRD AVENUE  
NEW YORK NY 10017  
US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**13-1933825**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PLUM, KATHARINE F  
6 ISLE RIDGE WEST  
HOBE SOUND FL 33455**

**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.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)**



**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

**10. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME	<b>P LIVINGSTON, DAVID M</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>44 BINNEY STREET</b>	
CITY-ST-ZIP	<b>BOSTON MA 02115</b>	
TITLE NAME	<b>V LANGONE, KENNETH G</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>375 PARK AVENUE, STE 2205</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE NAME	<b>T MARSHALL, DAVID G</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>210 RITTENHOUSE SQUARE</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>	
TITLE NAME	<b>C FREY, DALE F</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>C/O MICHAEL ALLEN CO., 1 GORHAM ISL.</b>	
CITY-ST-ZIP	<b>WESTPORT CT 06880</b>	
TITLE NAME	<b>SED EGAN, LORRIANE W</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>675 THIRD AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/02 212.455.0500**

Date

Daytime Phone #

CR2E034 (9/01)