


FILED
Jul 22, 2008 8:00 am
Secretary of State

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DOCUMENT # F94000001480		07-22-2008 90005 011 ****61.25	
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 <i>MOVED</i>		Mailing Address 675 THIRD AVENUE NEW YORK, NY 10017 US	
2. Principal Place of Business - No P.O. Box # One Exchange Plaza Suite, Apt. #, etc. 55 Broadway, Suite 302 City & State New York, NY Zip 10006 Country US		3. Mailing Address One Exchange Plaza Suite, Apt. #, etc. 55 Broadway, Suite 302 City & State New York, NY Zip 10006 Country US	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LIVINGSTON, DAVID M 44 BINNEY STREET BOSTON, MA 02115 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LANGONE, KENNETH G 375 PARK AVENUE, STE 2205 NEW YORK, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MORHOUSE, SANFORD W ESQ. DEWEY BALLANTINE LLP 1301 AVE OF AMERICAS NEW YORK, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DEWEY + LEOBEUF LLP (address is same)
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C FREY, DALE F ONE ASPETUCK HILL LANE. WESTON, CT 06883 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS COOPERMAN, LEON G 88 PINE ST, 31ST FLOOR NEW YORK, NY 10005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.			
SIGNATURE: HARRY KRIEDEL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7/11/08 212-455-0531 Date Daytime Phone #	

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

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New York, New York 10029-6574

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160 East 53rd Street, 11th Floor
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Lancaster, PA 17604-3003

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The Rockefeller University
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New York, New York 10021

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New York, NY 10019-5410

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Entertainment and Sports

Sirius Satellite Radio

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New York, New York 10020

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One Exchange Plaza

55 Broadway, Suite 302

New York, NY 10006

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Beacon Capital Partners, LLC

One Federal Street, 26th Floor

Boston, MA 02110

Ronald Levy, M.D.

Chief, Division of Oncology

Professor of Medicine

Stanford University School of Medicine

269 Campus Drive, CCSR-Room 1105

Stanford, California 94305

Anthony F. LoFrisko, Esq.

One Exchange Plaza

55 Broadway, Suite 302

New York, NY 10006

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Mr. David G. Marshall

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210 West Rittenhouse Square, Ste. 1900
Philadelphia, Pennsylvania 19103

John H. Myers

Chairman
AG & Co.
AG Asset Management
590 Madison Avenue, 39th Floor
New York, NY 10022

Richard J. O'Reilly, M.D.

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Chief, Marrow Transplantation Service
Memorial Sloan-Kettering Cancer Center
1275 York Avenue
New York, New York 10021

Mrs. Katharine F. Plum

One Exchange Plaza
55 Broadway, Suite 302
New York, NY 10006

Andrew S. Rachleff

Partner
Benchmark Capital
2480 Sand Hill Road, Suite 200
Menlo Park, CA 94025

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Alavita, Inc.
665 Clyde Avenue, Suite A
Mountain View, California 94043

Karen D. Seitz

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One New York Plaza, 50th Floor
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Samuel C. Silverstein, M.D.

John C. Dalton Professor

Department of Physiology and Cellular Biophysics

Columbia University

P&S Building, Rm. 11-444

630 West 168th Street

New York, New York 10032

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