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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:11

DOCUMENT # P40004 (4)

1. Corporation Name
CANCER RESEARCH INSTITUTE, INC.

Principal Place of Business	Mailing Address
681 FIFTH AVE. 12TH FLOOR NEW YORK NY 10022 US	681 FIFTH AVE. 12TH FLOOR NEW YORK NY 10022 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1992
3a. Date of Last Report: 02/21/1994
4. FEI Number: 13-1837442 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
P.O. BOX 10349
417 EAST VIRGINIA STREET, SUITE 1
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	GOGEL, DONALD	1.2 NAME	
STREET ADDRESS	126 E 56TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, JOYCE, MRS.	2.2 NAME	
STREET ADDRESS	28 HARBOUR ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	KINGS POINT NY	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	DIXON, BRUCE D	3.2 NAME	
STREET ADDRESS	GREENBRIAR LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	☐ Change ☐ Addition
NAME	GOGEL, DONALD J.	4.2 NAME	
STREET ADDRESS	126 E. 56TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	VCD	5.1 TITLE	☐ Change ☐ Addition
NAME	BALES, CARTER F.	5.2 NAME	
STREET ADDRESS	55 E. 52ND STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BERKOWITZ, HOWARD P.	6.2 NAME	
STREET ADDRESS	888 SEVENTH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joe O'Donnell - Attorney 1/30/95 (212) 688-7515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0072760