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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 10022-4209 US

3. Date Incorporated or Qualified: **08/12/1992**
3a. Date of Last Report: **02/21/1996**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	GOGEL, DONALD		1.2 NAME	C
STREET ADDRESS	126 E 56TH ST		1.3 STREET ADDRESS	DONALD J. GOGEL
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	375 PARK AVE 18th FL NY NY 10152
TITLE	S	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	

CR2E037 (9/96)

14. I do 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 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: _____ 1/29/97 (212)688-7515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0075112