

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90137 035 ****61.25

DOCUMENT # P40004

1. Corporation Name

CANCER RESEARCH INSTITUTE, INC.

Principal Place of Business

681 FIFTH AVE.
12TH FLOOR
NEW YORK NY 10022
US

Mailing Address

681 FIFTH AVE.
12TH FLOOR
NEW YORK NY 10022
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

08/12/1992

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

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

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

C
NAME FERRER, CARLOS A.
STREET ADDRESS 10 GLENVILLE ST
CITY-ST-ZIP GREENWICH CT 06831

TITLE ☐ DELETE

S
NAME GREEN, JOYCE, MRS.
STREET ADDRESS 28 HARBOUR ROAD
CITY-ST-ZIP KINGS POINT NY

TITLE ☐ DELETE

T
NAME DIXON, BRUCE D
STREET ADDRESS GREENBRIAR LANE
CITY-ST-ZIP GREENWICH CT

TITLE ☐ DELETE

CD
NAME GOGEL, DONALD J.
STREET ADDRESS 126 E. 56TH STREET
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

VCD
NAME BALES, CARTER F.
STREET ADDRESS 55 E. 52ND STREET
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

D
NAME BERKOWITZ, HOWARD P.
STREET ADDRESS 888 SEVENTH AVENUE
CITY-ST-ZIP NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS A. FERRER

4/16/99

(203) 532-8011

Daytime Phone #

CR2E037 (1/1/98)

0980401

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401224-90137-35

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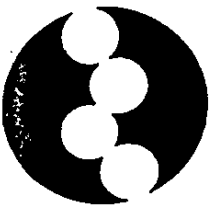
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Ms. Porter X8849



CANCER RESEARCH INSTITUTE

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