

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40004

1. Entity Name

CANCER RESEARCH INSTITUTE, INC.

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90030 013 \*\*\*\*61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-1837442**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPITAL CONNECTION, INC.  
417 E VIRGINIA ST  
SUITE 1  
TALLAHASSEE FL 32301

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                                             |                                 |
|------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>C</b><br><b>FERRER, CARLOS A.</b><br><b>10 GLENVILLE ST</b><br><b>GREENWICH CT 06831</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>GREEN, JOYCE, MRS.</b><br><b>28 HARBOUR ROAD</b><br><b>KINGS POINT NY</b>    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>DIXON, BRUCE D</b><br><b>GREENBRIAR LANE</b><br><b>GREENWICH CT</b>          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CD</b><br><b>GOGEL, DONALD J.</b><br><b>126 E. 56TH STREET</b><br><b>NEW YORK NY</b>     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VCD</b><br><b>BALES, CARTER F.</b><br><b>55 E. 52ND STREET</b><br><b>NEW YORK NY</b>     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BERKOWITZ, HOWARD P.</b><br><b>888 SEVENTH AVENUE</b><br><b>NEW YORK NY</b>  | <input type="checkbox"/> Delete |

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

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

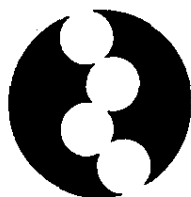
Date

Daytime Phone #

03/16/01

203-532-8033

CR2E037 (10/00)



**CANCER  
RESEARCH**  
INSTITUTE

Doc. # P40004  
COD310038

**OFFICERS AND THE BOARD OF TRUSTEES**

**September 1, 2000**

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1225 Park Avenue, Apt. 16E  
New York, NY 10128  
P) 722-8547 F) 831-5424  
Kidgie Williams

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10 Glenville Street  
Greenwich, CT 06831  
P) 203-532-8011 F) 203-532-8016  
P Direct) 203-532-8030  
Andreina  
[cferrer@hccp.com](mailto:cferrer@hccp.com)

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Director  
McKinsey & Company, Inc.  
55 East 52<sup>nd</sup> Street  
New York, NY 10022  
P) 446-8816 F) 446-7011  
Assistant 446-8851

Edgar R. Berner  
Managing Director  
The Wicks Group of Companies  
405 Park Avenue, Suite 702  
New York, NY 10022  
P) 838-2100 F) 223-2109  
Sara Mannix

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President and CEO  
Clayton, Dubilier and Rice, Inc.  
375 Park Avenue, 18<sup>th</sup> Floor  
New York, NY 10152  
P) 407-5240 F) 893-7061  
Noreen 407-5283; Marion 407-5241

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Chairman  
Nordeman Grimm, Inc.  
717 Fifth Avenue, 26<sup>th</sup> Floor  
New York, NY 10022  
P) 702-9324 F) 980-1443  
Assistant X9332

Julian H. Robertson, Jr.  
Chairman  
Tiger Management Corporation  
101 Park Avenue  
New York, NY 10178  
P) 984-2515 F) 682-0368  
Julie Depperschmidt X2424

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20 Greenbriar Lane  
Greenwich, CT 06831-3319  
P/F) 203-629-1045

**Secretary**

Mrs. Joyce Green  
28 Harbour Road  
Kings Point, NY 11024  
P) 516-487-9249

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C0031038

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55 Brookville Road  
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Glen Head, NY 11545-0163  
P) 516-686-2207 F) 516-625-1204  
Ella  
NY Phone) 310-0507

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Suite 702  
New York, NY 10022  
P) 755-6528 F) 755-0021

Ms. Ann W. Jackson  
Group Publisher  
*InStyle* Magazine  
Time & Life Building  
Rockefeller Center  
New York, NY 10020  
P) 522-4252 F) 522-7003  
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GreenPoint Bank  
90 Park Avenue, 4<sup>th</sup> Floor  
New York, NY 10016  
P) 212-834-1719 F) 212-834-1408  
Cynthia or Robin

Mrs. Stephen M. Kellen  
(Anna-Maria)  
784 Park Avenue  
New York, NY 10021  
P) 535-6565 F) 737-0051  
Patricia Coggins 698-3204 F) 299-4400

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110 Fifth Avenue  
New York, NY 10011  
P) 463-1414 F) 463-1080  
Kathy

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Partner  
Chase Capital Partners  
1221 Avenue of the Americas, 40<sup>th</sup> Floor  
New York, NY 10020-1080  
P) 899-3448 F) 899-3943  
Nancy X3935

William E. Murray, Esq.  
Chairman  
Samuel Freeman Charitable Trust  
The Savoy, Suite 4G  
200 East 61<sup>st</sup> Street  
New York, NY 10021  
P) 832-2323 F) 319-5238  
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Lloyd J. Old, M.D.  
Director  
Ludwig Institute for Cancer Research  
605 Third Avenue  
New York, NY 10158  
P) 450-1510 F) 450-1515  
Nancy Leyrer X1512  
Theresa Pappas X1514

Andrew M. Paul  
General Partner  
Welsh, Carson, Anderson & Stowe  
320 Park Avenue, Ste. 2500  
New York, NY 10022  
P) 893-9500 F) 893-9562  
Nancy Davilla

HONORARY TRUSTEES

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C0036038

Ms. Marjorie Atwood  
5 Hammersmith Road  
Newport, RI 02840  
P) 401-847-5513

Roy J. Bostock  
Chairman and CEO  
The MacManus Group, Inc.  
1675 Broadway  
New York, NY 10019-5865  
P) 468-3005 F) 468-3091  
Marie Donnelly X3004

Honorable Bill Bradley  
The Office of Bill Bradley  
395 Pleasant Valley Way  
West Orange, NJ 07052-2998  
P) 973-324-0008 F) 973-643-0980

Mrs. Richard B. Englund  
326 West 80<sup>th</sup> Street  
New York, NY 10024  
P) 873-3820

Wilbur H. Friedman, Esq.  
Partner  
Proskauer Rose LLP  
1585 Broadway, Room 2016  
New York, NY 10036  
P) 969-3986 F) 969-2900/3000  
Ann Green 4459

Mrs. Charles G. Gambrell  
300 Cherokee Road  
Charlotte, NC 28207  
P) 704-375-3205

Charles M. Grace  
11340 West Olympic Blvd.  
Suite 185  
Los Angeles, CA 90064  
P) 213-477-0098

Mrs. Oliver R. Grace  
Sterling Grace Capital Management, L.P.  
515 Madison Avenue, Suite 2000  
New York, NY 10022  
P) 735-0602 F) 735-0638  
Lorraine Ryan

Alan J. Hirschfield  
P.O. Box 7443  
3490 Clubhouse Drive  
Jackson, WY 83001  
P) 307-733-7332 F) 307-733-4935

Wayne T. Jervis, Jr.  
President  
Jervismark, Inc.  
12011 San Vicente Boulevard  
Los Angeles, CA 90049  
P) 310-471-2433

David B. Kinney  
Managing Partner  
Kinco  
P.O. Box 559  
754 Walker Road, 2<sup>nd</sup> Floor  
Great Falls, VA 22066-0559  
P) 703-757-0700 F) 703-757-0090

David H. Shepard  
35 Aruba Bend  
Coronado, CA 92118  
P) 619-423-4427 F) 619-423-0214

Winthrop H. Smith, Jr.  
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Merrill Lynch International  
World Financial Center  
250 Vesey Street  
North Tower, 25<sup>th</sup> Floor  
New York, NY 10281-1325  
P) 449-6394 F) 449-6397  
Terry Cunningham