

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40004

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: CANCER RESEARCH INSTITUTE, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

55 BROADWAY  
SUITE 1802  
NEW YORK, NY 10006 US

## Current Mailing Address:

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

## New Mailing Address:

55 BROADWAY  
SUITE 1802  
NEW YORK, NY 10006 US

FEI Number: 13-1837442

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: GOGEL, DONALD J MR.  
Address: 375 PARK AVENUE, 18TH FLOOR  
City-St-Zip: NEW YORK, NY 10152 US

Title: T ( ) Delete  
Name: DEMARTINI, RICHARD MR.  
Address: 667 MADISON AVENUE, 10TH FLOOR  
City-St-Zip: NEW YORK, NY 10021 US

Title: CO-C ( ) Delete  
Name: PAUL, ANDREW M MR.  
Address: 350 PARK AVENUE, 24TH FLOOR  
City-St-Zip: NEW YORK, NY 10022 US

Title: P ( ) Delete  
Name: MCGRATH, PATRICK J MR.  
Address: 36 HILLCREST DRIVE  
City-St-Zip: PELHAM, NY 10803 US

Title: VC ( ) Delete  
Name: BERNER, EDGAR R MR.  
Address: 485 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10022 US

Title: S ( ) Delete  
Name: MENDELL, THOMAS G MR.  
Address: 667 MADISON AVENUE, 21 FLOOR  
City-St-Zip: NEW YORK, NY 10021 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JILL O'DONNELL-TORMEY

DIR.

04/30/2008

Electronic Signature of Signing Officer or Director

Date