
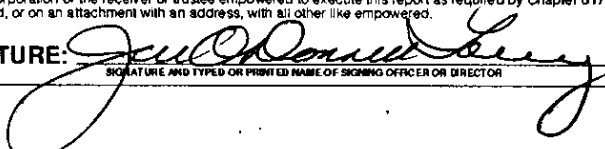


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91522 016 ***61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P40004					
1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 13-1837442	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E VIRGINIA ST SUITE 1 TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when instituting)</small>					
DATE _____					
FILE NOW! FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERRER, CARLOS A.		NAME		
STREET ADDRESS	10 GLENVILLE ST		STREET ADDRESS		
CITY-ST-ZIP	GREENWICH, CT 06831		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREEN, JOYCE, MRS.		NAME		
STREET ADDRESS	28 HARBOUR ROAD		STREET ADDRESS		
CITY-ST-ZIP	KINGS POINT, NY		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIXON, BRUCE D		NAME		
STREET ADDRESS	20 GREENBRIAR LANE		STREET ADDRESS		
CITY-ST-ZIP	GREENWICH, CT 068313319		CITY-ST-ZIP		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOGEL, DONALD J.		NAME		
STREET ADDRESS	376 PARK AVE., 18TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10152		CITY-ST-ZIP		
TITLE	GP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON, MS. ANN W		NAME		
STREET ADDRESS	TIME & LIFE BUILDING, 41ST FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10020		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERKOWITZ, HOWARD P.		NAME		
STREET ADDRESS	66 EAST 66TH ST., 30TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP		
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: 			4/21/03 212-688-7515		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		