

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 814991

**Entity Name:** THE LEUKEMIA & LYMPHOMA SOCIETY, INC.

**FILED**  
**Apr 18, 2013**  
**Secretary of State**  
**CC2014971068**

**Current Principal Place of Business:**

1311 MAMARONECK AVE.  
SUITE 310  
WHITE PLAINS, NY 10605

**Current Mailing Address:**

1311 MAMARONECK AVE.  
SUITE 310  
WHITE PLAINS, NY 10605

**FEI Number: 13-5644916**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PAYNE, PAMELA  
4360 NORTH LAKE BLVD.  
SUITE 109  
PALM BEACH GARDENS, FL 33410 US

*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

**Officer/Director Detail :**

Title           PRES  
Name           WALTER, JOHN  
Address       1311 MAMARONECK AVENUE, SUITE  
                  310  
City-State-Zip: WHITE PLAINS NY 10605

Title           CFO  
Name           JAMES, NANGLE T  
Address       1311 MAMARONECK AVENUE, SUITE  
                  310  
City-State-Zip: WHITE PLAINS NY 10605

Title           VPF  
Name           GORDON, MILLER J  
Address       1311 MAMARONECK AVENUE, SUITE  
                  310  
City-State-Zip: WHITE PLAINS NY 10605

Title           COB  
Name           DURST, TIMOTHY  
Address       1311 MAMARONECK AVE.  
                  SUITE 310  
City-State-Zip: WHITE PLAINS NY 10605

Title           VCOB  
Name           DAVIS, JAMES  
Address       1311 MAMARONECK AVE.  
                  SUITE 310  
City-State-Zip: WHITE PLAINS NY 10605

Title           S/T  
Name           SCHWARTZ, KENNETH M.  
Address       1311 MAMARONECK AVE.  
                  SUITE 310  
City-State-Zip: WHITE PLAINS NY 10605

*I hereby 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 all other like empowered.*

**SIGNATURE: GORDON MILLER, JR**

**VP-FINANCE**

**04/18/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date