

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 814991

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

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC4259159966**

**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:**

JONES, TERRI  
200 S. PARK ROAD  
SUITE 140  
HOLLYWOOD, FL 33021 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: TERRI JONES**

**04/28/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DEGENNARO, LOUIS  
Address        1311 MAMARONECK AVENUE, SUITE  
                  310  
City-State-Zip: WHITE PLAINS NY 10605

Title            CFO  
Name            LOFFREDO, ROSEMARIE  
Address        1311 MAMARONECK AVENUE, SUITE  
                  310  
City-State-Zip: WHITE PLAINS NY 10605

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

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

Title            VCOB  
Name            CLARK, ELIZABETH  
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: MILLER, JR , GORDON**

**SVP FINANCE**

**04/28/2015**

Electronic Signature of Signing Officer/Director Detail

Date