

2014 FOREIGN NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 814991

Entity Name: THE LEUKEMIA & LYMPHOMA SOCIETY, INC.

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:

MARQUEZ, EMILY
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: EMILY MARQUEZ

09/26/2014

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 SENIOR VICE PRESIDENT
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: GORDON MILLER, JR

SVP FINANCE

09/26/2014

Electronic Signature of Signing Officer/Director Detail

Date