

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002996

Entity Name: LEUKEMIA CLINICAL RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

926 VALLEY OAKS ROAD
ST. PAUL, MN 55127-3641

Current Mailing Address:

926 VALLEY OAKS ROAD
ST. PAUL, MN 55127-3641

FEI Number: 41-1586846

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 P
Name BLOOMFIELD, CLARA
Address 300 W.10TH AVENUE
City-State-Zip: COLUMBUS OH 43210

Title ST
Name CHRISTISON, RICHARD J
Address 2510 GRAND BLVD., APT 1203
City-State-Zip: KANSAS CITY MO 64108

Title D
Name CALIGIURI, MICHAEL DIRECTO
Address 300 W.10TH AVENUE
City-State-Zip: COLUMBUS OH 43210

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: RICHARD CHRISTISON

TREASURER

04/23/2013

Electronic Signature of Signing Officer/Director Detail

Date