

**2017 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: Yes**

**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 CALIGUIRI, MICHAEL DIRECTO  
Address 300 W.10TH AVENUE  
City-State-Zip: COLUMBUS OH 43210

Title FILING AGENT  
Name DORRE, THERESA  
Address 1336 LOVERS LANE ROAD  
City-State-Zip: LEESBURG GA 31763

*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: THERESA DORRE**

**FILING AGENT**

**03/28/2017**

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

\_\_\_\_\_  
Date