

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001480

Entity Name: CANCER RESEARCH FUND OF THE DAMON RUNYON-WALTER WINCHELL FOUNDATION, INC.**FILED**
Jan 05, 2024
Secretary of State
1596601127CC**Current Principal Place of Business:**ONE EXCHANGE PLAZA
55 BROADWAY, SUITE302
NEW YORK, NY 10006**Current Mailing Address:**ONE EXCHANGE PLAZA
55 BROADWAY, SUITE302
NEW YORK, NY 10006 US**FEI Number: 13-1933825****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PLUM, KATHARINE F
6 ISLE RIDGE WEST
HOBE SOUND, FL 33455 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 | VC |
| Name | KAELIN, WILLIAM DR. |
| Address | DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE. M457 |
| City-State-Zip: | BOSTON MA 02115 |

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|-----------------|----------------------------|
| Title | VICE CHAIR |
| Name | GORDON, MICHAEL L |
| Address | 1080 FIFTH AVE. APT. 14 |
| City-State-Zip: | NEW YORK NY 10128-0102 |

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|-----------------|---|
| Title | VC |
| Name | MORHOUSE, SANFORD WESQ. |
| Address | SHULTE ROTH & ZABEL LLP 919 THIRD AVE. |
| City-State-Zip: | NEW YORK NY 10022 |

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|-----------------|--------------------|
| Title | VC |
| Name | BEIRNE, DAVID M |
| Address | 1658 MIRACLE MILE |
| City-State-Zip: | STONEWALL TX 78671 |

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|-----------------|-----------------------------------|
| Title | CEO, PRESIDENT |
| Name | LIE, YUNG S. PHD |
| Address | ONE EXCHANGE PLAZA 55 BROADWAY |
| City-State-Zip: | NEW YORK NY 10006 |

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|-----------------|-------------------|
| Title | CHAIR |
| Name | COLEMAN, DEBORAH |
| Address | 12 WEST CEDAR ST. |
| City-State-Zip: | BOSTON MA 02108 |

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|-----------------|--------------------------|
| Title | VC |
| Name | MARSHALL, DAVID |
| Address | 1845 WALNUT ST., 1101 |
| City-State-Zip: | PHILADELPHIA PA 19103 |

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: YUNG S. LIE, PHD**PRESIDENT & CEO****01/05/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date