

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001480

Entity Name: CANCER RESEARCH FUND OF THE DAMON RUNYON-WALTER WINCHELL FOUNDATION, INC.**FILED**
Jan 10, 2014
Secretary of State
CC7369975419**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 V
Name LIVINGSTON, DAVID MM.D.
Address 44 BINNEY STREET
City-State-Zip: BOSTON MA 02115Title V
Name GORDON, MICHAEL L
Address 245 PARK AVENUE, 26TH FLOOR
City-State-Zip: NEW YORK NY 10167Title V
Name MORHOUSE, SANFORD WESQ.
Address SHULTE ROTH & ZABEL LLP
919 THIRD AVE.
City-State-Zip: NEW YORK NY 10022Title C
Name LEVENTHAL, ALAN M
Address 200 STATE STREET, 5TH FLOOR
City-State-Zip: BOSTON MA 02109Title VS
Name COOPERMAN, LEON G
Address 810 SEVENTH AVE,
City-State-Zip: NEW YORK NY 10019Title V
Name BEIRNE, DAVID M
Address 181 LEUCADENDRA DRIVE
City-State-Zip: CORAL GABLES FL 33156Title CEO, PRESIDENT
Name EGAN, LORRAINE W.
Address ONE EXCHANGE PLAZA
55 BROADWAY
City-State-Zip: NEW YORK NY 10006

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: LORRAINE W. EGAN**PRESIDENT AND CHIEF 01/10/2014**
EXECUTIVE OFFICER_____
Electronic Signature of Signing Officer/Director Detail_____
Date