

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40004

Entity Name: CANCER RESEARCH INSTITUTE, INC.**Current Principal Place of Business:**55 BROADWAY
SUITE 1802
NEW YORK, NY 10006**Current Mailing Address:**55 BROADWAY
SUITE 1802
NEW YORK, NY 10006 US**FEI Number:** 13-1837442**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	VC
Name	GOGEL, DONALD JMR.
Address	375 PARK AVENUE, 18TH FLOOR
City-State-Zip:	NEW YORK NY 10152

Title	C
Name	FITZGIBBONS, JOHN MR.
Address	405 LEXINGTON AVENUE
City-State-Zip:	NEW YORK, NY 10174

Title	CHAIRMAN
Name	PAUL, ANDREW B
Address	405 LEXINGTON AVENUE 71ST FLOOR
City-State-Zip:	NEW YORK NY 10174

Title	VC
Name	BERNER, EDGAR RMR.
Address	485 MADISON AVENUE
City-State-Zip:	NEW YORK NY 10022

Title	S
Name	MENDELL, THOMAS GMR.
Address	667 MADISON AVENUE, 21 FLOOR
City-State-Zip:	NEW YORK NY 10021

Title	TREASURER
Name	COLEY, GEOFFREY O
Address	1009 PARK AVENUE 14A
City-State-Zip:	NEW YORK NY 10128

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: GEOFFREY O COLEY**TREASURER****01/26/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date