

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90011 018 ****61.25

DOCUMENT # **814991**
1. Entity Name
The Leukemia & Lymphoma Society, Inc.

DO NOT WRITE IN THIS SPACE

40008309

2. Principal Place of Business
1311 Mamaroneck Avenue
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
White Plains, NY

City & State

Zip
10605

Country
USA

Zip

Country

4. FEI Number
13-5644916

Applied For
 Not Applicable

**DO NOT WRITE
IN THIS SPACE**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name
Patricia McDonald

Street Address (P.O. Box Number is Not Acceptable)
4360 North Lake Blvd.

City
Palm Beach Gardens FL

Zip Code
33410

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

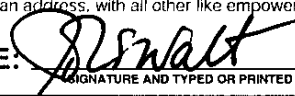
**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

| 10. OFFICERS AND DIRECTORS | | | |
|--|--|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COB John M. Kamins 2290 First National Bldg. Detroit, MI 48226-3506 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC David Frantze 1201 Walnut, Suite 2600 Kansas City, MO 64106-2150 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST Thomas L. Fitzpatrick One New Bond Street Worcester, MA 01615 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCMS Beverly S. Mitchell, MD UNC at Chapel Hill CB#7305 3009 Old Clinic Bldg. Chapel Hill, NC 27599 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President & CEO Dwayne Howell 1311 Mamaroneck Avenue White Plains, NY 10605 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP & CFO John Walter 1311 Mamaroneck Avenue White Plains, NY 10605 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **John Walter** **1/30/06** **914-949-5213**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)