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

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

The choice of Status Desired   \$8.75 Additional Fees Required   \$100 NOT WRITE IN THIS SPACE   \$100 NOT WRITE IN THIS SPAC	DOCUMENT # 814991  1. Entity Name						02-03-2006 90011 018 ****61.25		
2. Principal Places of Business 1311 Mammaroneck Avenue  Soile, Apr. 4, ret.  Cry & Soile  White Plains, NY.  Zop  Country  S. Centricate of Sansa Decarce   Se. 755 Additional Fee Required Fe	The Leukemia & Lymphoma Society, Inc.								
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Cry & State White Plains, NY  JOSO VISA  A. FEI Number 13–5644916  S. Contractor 13–5644916  S. S. To Administration 15. Contractor 16. Contracto	, ,								
White Plains, NY.    20	Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
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S. Certificate of Natura Desired   Fee Required   Fee Product   Fee Required   Fee Product   Fee Product   Fee Product   Fee	White Plains, NY					13-564	4916	Not Applicable	
To Name and Address of Current Registered Agent    Name   Particia McDonald	1 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </b>		Zip	Country		5. Certificate of Sta			
DO NOT WRITE IN THIS SPACE    Signature   Section   Sect	1000.	***************************************				7. Name and Addres			
SITERLA MANES STREEL AND STREEL A	•				Name Patricía McDonald				
IN THIS SPACE  City Palm Beach Gardens FL 70 Code 7334 10  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida  SIGNATURE  Signature Space type of a prescription of prescript	DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)				
Ety Palm Beach Gardens FL 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 type of purpose of proceedings of any life in purpose of changing its registered office or registered agent, or both, in the state of Florida.    Signature type of purpose of purpose of changing its registered office or registered agent, or both, in the state of Florida.    Signature type of purpose of purpose of changing its registered office or registered agent, or both, in the state of Florida.    Signature type of purpose of changing its registered office or registered agent, or both, in the state of Florida.    Signature type of purpose of changing its registered office or registered agent, or both, in the state of Florida.    Signature type of purpose of changing its registered office or registered agent, or both, in the state of Florida.    Signature type of purpose of changing its registered office or registered agent, or both, in the state of Florida.    Signature type of purpose of changing its registered office or registered agent, or both, in the state of Florida.    Interest   Signature type of purpose of changing its registered office or registered agent, or both, in the state of Florida.    Interest   Signature type of purpose of the purpose of changing its registered office or registered agent, or both, in the state of Florida.    Interest   Signature type of purpose of the purpose of	IN THIS SPACE				436U North Lake Blvd.				
8. The above named entity submits this statement for the purpose of changing is registered affice or registered agent, or both, in the state of Florida.    Signature	III III OI AOL				City - 1 - 1 - 7in Code				
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Initial or Amended UBR  Trust Fund Contribution.    Added to Fees   Department of State		and the state of t	TO THE STATE OF TH	a -igen signature i	required to the real state of	V-16			
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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

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06

914-949-5213

Daytime Phone #