


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90005 002 ****61.25

DOCUMENT # 814991

1. Entity Name
 THE LEUKEMIA & LYMPHOMA SOCIETY, INC.




Principal Place of Business
 1311 MANARONECK AVE.
 WHITE PLAINS, NY 10605

Mailing Address
 1311 MANARONECK AVE.
 1311 MAMARONECK AVENUE
 WHITE PLAINS, NY 10605

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



04242007 Chg-NP CR2E037 (12/06)

4. FEI Number
 13-5644916 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~MCDONALD, PATRICIA~~
 4360 NORTH LAKE BLVD.
 PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name Pamela Payne

Street Address (P.O. Box Number is Not Acceptable)
4360 Northlake Blvd. Suite 109

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	COB KAMINS, JOHN M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2290 FIRST NATIONAL BUILDING	
CITY-ST-ZIP	DETROIT, MI 482263506	
TITLE NAME	VC FRANTZE, DAVID	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1201 WALNUT, SUITE 2800	
CITY-ST-ZIP	KANSAS CITY, MO 641062150	
TITLE NAME	ST FITZPATRICK, THOMAS L	<input type="checkbox"/> Delete
STREET ADDRESS	ONE NEW BOND STREET	
CITY-ST-ZIP	WORCESTER, MA 01615	
TITLE NAME	VCMS MITCHELL, BEVERLY S MD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	CB #7305,3099 OLD CLINIC BLDG	
CITY-ST-ZIP	CHAPEL HILL, NC 275997305	
TITLE NAME	EVCF WALTER, JOHN E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1311 MAMARONECK AVENUE	
CITY-ST-ZIP	WHITE PLAINS, NY 10605	
TITLE NAME	P HOWELL, DWAYNE	<input type="checkbox"/> Delete
STREET ADDRESS	1311 MAMARONECK AVENUE	
CITY-ST-ZIP	WHITE PLAINS, NY 10605	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	COB Frantze, David	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1201 Walnut, Suite 2600	
CITY-ST-ZIP	Kansas City, MO 64106-2150	
TITLE NAME	VC Cienki, Paul	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	77 A Street	
CITY-ST-ZIP	Needham, MA 02494-2806	
TITLE NAME	VC Anderson, Margaret	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	943 South First Street	
CITY-ST-ZIP	Louisville, KY 40203-2242	
TITLE NAME	VCMS Keating, Armand, MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1311 Mamaroneck Avenue	
CITY-ST-ZIP	White Plains, NY 10605	
TITLE NAME	Sr,VP & CFO Nangle, James	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1311 Mamaroneck Avenue	
CITY-ST-ZIP	White Plains, NY 10605	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gordon Miller, Jr. Date 4/26/07 Daytime Phone # 914-949-5213