

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814991

FILED
Apr 24, 2012
Secretary of State

Entity Name: THE LEUKEMIA & LYMPHOMA SOCIETY, INC.

Current Principal Place of Business:

1311 MAMARONECK AVE.
SUITE 310
WHITE PLAINS, NY 10605

New Principal Place of Business:

Current Mailing Address:

1311 MAMARONECK AVE.
SUITE 310
WHITE PLAINS, NY 10605

New Mailing Address:

FEI Number: 13-5644916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYNE, PAMELA
4360 NORTH LAKE BLVD.
SUITE 109
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: WALTER, JOHN
Address: 1311 MAMARONECK AVENUE, SUITE 310
City-St-Zip: WHITE PLAINS, NY 10605 US

Title: CFO
Name: JAMES, NANGLE T
Address: 1311 MAMARONECK AVENUE, SUITE 310
City-St-Zip: WHITE PLAINS, NY 10605

Title: VPF
Name: GORDON, MILLER J
Address: 1311 MAMARONECK AVENUE, SUITE 310
City-St-Zip: WHITE PLAINS, NY 10605

Title: COB
Name: CARROLL, SCOTT A
Address: 312 WALNUT STREET
City-St-Zip: CINCINNATI, OH 45202

Title: VCOB
Name: DURST, TIMOTHY
Address: 2001 ROSS AVENUE, STE 600
City-St-Zip: DALLAS, TX 75201

Title: S/T
Name: HOOKER, STEVEN
Address: 6411 SW SWEETBRIAR COURT
City-St-Zip: PORTLAND, OR 97221

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: GORDON MILLER, JR

VPF

04/24/2012

Electronic Signature of Signing Officer or Director

Date