

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836943

FILED
Apr 20, 2009
Secretary of State

Entity Name: NATIONAL FOUNDATION FOR CANCER RESEARCH, INC.

Current Principal Place of Business:

4600 EAST WEST HIGHWAY
525
BETHESDA, MD 20814 US

New Principal Place of Business:

Current Mailing Address:

4600 EAST WEST HIGHWAY 525
SUITE 500W
BETHESDA, MD 20814 US

New Mailing Address:

4600 EAST WEST HIGHWAY
525
BETHESDA, MD 20814 US

FEI Number: 04-2531031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FRAMS RD #221E
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: PCEO () Delete
Name: SALISBURY, FRANKLIN C JR
Address: 4600 EAST WEST HIGHWAY STE 525
City-St-Zip: BETHESDA, MD 20814

Title: D () Delete
Name: BA, SUJUAN
Address: 4600 E. WEST HIGHWAY STE 525
City-St-Zip: BETHESDA, MD 20814

Title: C () Delete
Name: SLYE, JOHN V
Address: 4600 E. WEST HIGHWAY STE 525
City-St-Zip: BETHESDA, MD 20814

Title: C () Delete
Name: CONNOLLY, KEVIN
Address: 4600 E. WEST HIGHWAY STE 525
City-St-Zip: BETHESDA, MD 20814

Title: D () Delete
Name: BARAN, MARK
Address: 4600 E. WEST HIGHWAY STE 525
City-St-Zip: BETHESDA, MD 20814

Title: T () Delete
Name: BURKE, MICHAEL J CPA
Address: 4600 E. WEST HIGHWAY STE 525
City-St-Zip: BETHESDA, MD 20814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: COO (X) Change () Addition
Name: BA, SUJUAN
Address: 4600 E. WEST HIGHWAY STE 525
City-St-Zip: BETHESDA, MD 20814

Title: D (X) Change () Addition
Name: RAGHAVAKAIMAL, DR. PADMAKUMAR
Address: 4600 E. WEST HIGHWAY STE 525
City-St-Zip: BETHESDA, MD 20814

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUJUAN BA

COO

04/20/2009

Electronic Signature of Signing Officer or Director

Date