2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# F00000003019

Entity Name: THE WALKER CANCER RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

18 NORTH LAW STREET
ABERDEEN, MD 210012443

New Principal Place of Business:

Current Mailing Address:

PO BOX 244567
BOYNTON BEACH, FL 33424

New Mailing Address:

FEI Number: 52-1233437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: VD ( ) Delete
Name: BLUMENTHAL, STEVEN L
Address: P.O. BOX 4567
City-St-Zip: BOYNTON BEACH, FL 33424

Title: STDP ( ) Delete
Name: WALKER, HELEN M
Address: P.O. BOX 69
City-St-Zip: ABERDEEN, MD 21001

Title: D ( ) Delete
Name: HILLSTROM, WAREN W DR
Address: 1714 PINE FOREST COURT DR
City-St-Zip: BEL AIR, MD 21014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: BLUMENTHAL, STEVEN L
Address: P.O. BOX 244567
City-St-Zip: BOYNTON BEACH, FL 33424

Title: PSTD (X) Change ( ) Addition
Name: WALKER, HELEN M
Address: P.O. BOX 69
City-St-Zip: ABERDEEN, MD 21001

Title: D (X) Change ( ) Addition
Name: HILLSTROM, WARREN W DR.
Address: 1714 PINE FOREST COURT DR
City-St-Zip: BEL AIR, MD 21014

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: STEVEN L. BLUMENTHAL VP 01/17/2009

Electronic Signature of Signing Officer or Director — Date