

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90074 048 ****61.25

DOCUMENT # F03000001241
 1. Entity Name
LYMPHOMA RESEARCH FOUNDATION INC.



Principal Place of Business
**111 BROADWAY, 19TH FLOOR
 NEW YORK, NY 10006**

Mailing Address
**111 BROADWAY, 19TH FLOOR
 NEW YORK, NY 10006**

30061203



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01142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 95-4335088	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**COOK, ERROLL
 7101 LIONT HEAD LAKE
 BOCA RATON, FL 33496**

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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: *[Signature]* *[Signature]* *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DME

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	PRES <i>Sec</i>
NAME	HAWLEY, WILLIAM MB <i>Waker-Dressel, Cynthia</i>
STREET ADDRESS	6900 NW GRAND BLVD <i>16 Overbrook Estates</i>
CITY-ST-ZIP	OKLAHOMA CITY, OK 73146 <i>St. Louis, MO 63124</i>
TITLE	TREAS <i>PRES</i>
NAME	COOK, ERROL M
STREET ADDRESS	76 MOHAWK ROAD
CITY-ST-ZIP	SHORT HILLS, NJ 07078
TITLE	SEC <i>TRES</i>
NAME	DITZIAN, MICHAEL
STREET ADDRESS	1740 BROADWAY, 3RD FLOOR
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	S
NAME	HAWLEY, WILLIAM <i>Frensdich, Jenny</i>
STREET ADDRESS	6900 NW GRAND BLVD <i>215 Lexington Ave</i>
CITY-ST-ZIP	OKLAHOMA CITY, OK 73116 <i>New York, NY 10016</i>
TITLE	C
NAME	BERTINO, JOSEPH R
STREET ADDRESS	195 LITTLE ALBANY STREET
CITY-ST-ZIP	NEW BRUNSWICK, NJ 08903
TITLE	C
NAME	COLEMAN, MORTON
STREET ADDRESS	407 EAST 70TH STREET
CITY-ST-ZIP	NEW YORK, NY 10021

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *[Signature]* *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #