

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008
Secretary of State

DOCUMENT# F03000001241

Entity Name: LYMPHOMA RESEARCH FOUNDATION INC.

Current Principal Place of Business:

115 BROADWAY, 13TH FLOOR
NEW YORK, NY 10006

New Principal Place of Business:

Current Mailing Address:

115 BROADWAY, 13TH FLOOR
NEW YORK, NY 10006

New Mailing Address:

FEI Number: 95-4335088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOK, ERROLL
7101 LIONT HEAD LAKE
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

COOK, ERROLL
7101 LION HEAD LAKE
BOCA RATON, FL 33496 US

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:

03/12/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: LIPORI, EVELYN
Address: 9 BONNIE LN
City-St-Zip: MASSAPEQUA, NY 11758

Title: P () Delete
Name: BLISS, SUZANNE
Address: 111 BROADWAY
City-St-Zip: NEW YORK, NY 10006

Title: T () Delete
Name: MADOFF, ANDREW
Address: 885 THIRD AVE
City-St-Zip: NEW YORK, NY 10022

Title: V () Delete
Name: DITZIAN, MICHAEL
Address: 1740 BROADWAY 3RD FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: C () Delete
Name: PRESS, OLIVER
Address: BOX 356043
City-St-Zip: SEATTLE, WA 98109

Title: C () Delete
Name: COLEMAN, MORTON
Address: 407 EAST 70TH STREET
City-St-Zip: NEW YORK, NY 10021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: BLISS, SUZANNE
Address: 115 BROADWAY
City-St-Zip: NEW YORK, NY 10006

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

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: SUZANNE BLISS

PRES

03/12/2008

Electronic Signature of Signing Officer or Director

Date