

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001241

FILED  
Mar 19, 2009  
Secretary of State

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 (X)

**Name and Address of Current Registered Agent:**

COOK, ERROLL  
7101 LION HEAD LAKE  
BOCA RATON, FL 33496 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: S ( ) Delete  
Name: LIPORI, EVELYN  
Address: 9 BONNIE LN  
City-St-Zip: MASSAPEQUA, NY 11758

Title: P ( ) Delete  
Name: BLISS, SUZANNE  
Address: 115 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: CONDON, TOM  
Address: 710 LAS CANOAS PLACE  
City-St-Zip: SANTA BARBARA, CA 93105

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

03/19/2009

Electronic Signature of Signing Officer or Director

Date