

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001241

FILED
Jan 16, 2012
Secretary of State

Entity Name: LYMPHOMA RESEARCH FOUNDATION INC.

Current Principal Place of Business:

115 BROADWAY, 13TH FLOOR
SUITE 1301
NEW YORK, NY 10006

New Principal Place of Business:

Current Mailing Address:

115 BROADWAY, 13TH FLOOR
SUITE 1301
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 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
Name: LIPORI, EVELYN
Address: 9 BONNIE LN
City-St-Zip: MASSAPEQUA, NY 11758

Title: CEO
Name: BLUM, DIANE
Address: 115 BROADWAY, SUITE 1301
City-St-Zip: NEW YORK, NY 10006

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

Title: SEC
Name: FREUNDLICH, JERRY
Address: 462 FASHION AVE, FL 14
City-St-Zip: NEW YORK, NY 10018

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

Title: COO
Name: VOGEL, LISA
Address: 115 BROADWAY, 13TH FLOOR
City-St-Zip: NEW YORK, NY 10006

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE FISHER

LA

01/16/2012

Electronic Signature of Signing Officer or Director

Date