

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001568

FILED  
Feb 09, 2009  
Secretary of State

**Entity Name:** MEMORIAL SLOAN-KETTERING CANCER CENTER INC.

**Current Principal Place of Business:**

1275 YORK AVENUE  
NEW YORK, NY 10021

**New Principal Place of Business:**

**Current Mailing Address:**

633 THIRD AVENUE, 4TH FLOOR  
NEW YORK, NY 10017

**New Mailing Address:**

633 THIRD AVENUE, 4TH FLOOR  
NEW YORK, NY 10021

**FEI Number:** 13-1924236

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CRISP, PETER O  
Address: 1275 YORK AVENUE  
City-St-Zip: NEW YORK, NY 10021

Title: T ( ) Delete  
Name: ROBBINS, CLIFTON  
Address: 1275 YORK AVENUE  
City-St-Zip: NEW YORK, NY 10021

Title: P ( ) Delete  
Name: VARMUS, HAROLD  
Address: 1275 YORK AVENUE  
City-St-Zip: NEW YORK, NY 10021

Title: V ( ) Delete  
Name: GUNN, JOHN R  
Address: 1275 YORK AVENUE  
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: ( ) 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: MICHAEL GUTNICK

SRVP

02/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date