

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F94000001480

FILED
Sep 30, 2009
Secretary of State

Entity Name: CANCER RESEARCH FUND OF THE DAMON RUNYON-WALTER WINCHELL FOUNDATION, INC.

Current Principal Place of Business:

ONE EXCHANGE PLAZA
55 BROADWAY, SUITE 302
NEW YORK, NY 10006 US

New Principal Place of Business:

Current Mailing Address:

ONE EXCHANGE PLAZA
55 BROADWAY, SUITE 302
NEW YORK, NY 10006 US

New Mailing Address:

FEI Number: 13-1933825 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PLUM, KATHARINE F
6 ISLE RIDGE WEST
HOBE SOUND, FL 33455 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: KATHARINE F. PLUM

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: LIVINGSTON, DAVID M
Address: 44 BINNEY STREET
City-St-Zip: BOSTON, MA 02115

Title: V () Delete
Name: LANGONE, KENNETH G
Address: 375 PARK AVENUE, STE 2205
City-St-Zip: NEW YORK, NY

Title: V () Delete
Name: MORHOUSE, SANFORD W ESQ.
Address: DEWEY & LEBOEUF LLP 1301 AVE OF AMERICAS
City-St-Zip: NEW YORK, NY

Title: C () Delete
Name: FREY, DALE F
Address: ONE ASPETUCK HILL LANE.
City-St-Zip: WESTON, CT 06883

Title: VS () Delete
Name: COOPERMAN, LEON G
Address: 88 PINE ST, 31ST FLOOR
City-St-Zip: NEW YORK, NY 10005

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:

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: DALE F. FREY

C

09/30/2009

Electronic Signature of Signing Officer or Director

Date