FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:51

DOCUMENT # **P33671** **(9)**

1. Corporation Name
LEUKEMIA SOCIETY RESEARCH PROGRAMS, INC.

Principal Place of Business	Mailing Address
600 3RD AVE. NEW YORK NY 10016	600 3RD AVE. NEW YORK NY 10016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/19/1991**
3a. Date of Last Report: **04/22/1994**
4. FEI Number: **13-3470494** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **XX** **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes **XX** No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

ROTH, DIANE
3725 WEST GRACE STREET
SUITE 225
TAMPA FL 33607-4834

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	PEREZ, ROBERT L	12 NAME	
STREET ADDRESS	ONE SHELL SQUARE, SUITE 3500	13 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70139	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	HOWELL, DWAYNE	22 NAME	
STREET ADDRESS	600 THIRD AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016	24 CITY-ST-ZIP	
TITLE	VC	31 TITLE	☐ Change ☐ Addition
NAME	HAYS, KATHLEEN	32 NAME	
STREET ADDRESS	MONTEFIORE HOSPITAL, 3459 FIFTH AVE.	33 STREET ADDRESS	
CITY ST ZIP	PITTSBURGH PA 15213	34 CITY-ST ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	SENUS, LEO J Deceased	42 NAME	
STREET ADDRESS	600 THIRD AVE.	43 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY 10016	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	REIMERS, WILLIAM H	52 NAME	
STREET ADDRESS	MASSMUTUAL, P.O. BOX 7246	53 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 28540-2246	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HAUSMANINGER, VICTOR K	62 NAME	
STREET ADDRESS	19600 FAIRCHILD, SUITE 320	63 STREET ADDRESS	
CITY ST ZIP	IRVINE CA 92715	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dwayne Howell Dwayne Howell, President 3/24/95 (212) 573-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072734