

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90086 025 ****61.25

0060356

DOCUMENT # P33671

1. Corporation Name

LEUKEMIA SOCIETY RESEARCH PROGRAMS, INC.

Principal Place of Business

**600 THIRD AVENUE
NEW YORK NY 10016**

Mailing Address

**600 THIRD AVENUE
NEW YORK NY 10016**



2. Principal Place of Business

21 600 Third Avenue

Suite, Apt. #, etc.

22 Fourth Floor

City & State

23 New York, NY

Zip

24 10016

Country

25 USA

2a. Mailing Address

26 600 Third Avenue

Suite, Apt. #, etc.

27 Fourth Floor

City & State

28 New York, NY

Zip

29 10016

Country

30 USA

3. Date Incorporated or Qualified

04/19/1991

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

9. Name and Address of Current Registered Agent

**MCDONALD, PATRICIA
5840 CORPORATE WAY
SUITE 102
WEST PALM BEACH FL 33407**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☒ DELETE

NAME **WARD, WILLIAM M.**
STREET ADDRESS **7905 FORSYTH**
CITY-ST-ZIP **ST. LOUIS MO 63105**

TITLE **P** ☐ DELETE

NAME **HOWELL, DWAYNE**
STREET ADDRESS **600 THIRD AVE.**
CITY-ST-ZIP **NEW YORK NY 10016**

TITLE **ST** ☐ DELETE

NAME **WALTER, JOHN E.**
STREET ADDRESS **600 THIRD AVENUE**
CITY-ST-ZIP **NEW YORK NY 10016**

TITLE **D** ☒ DELETE

NAME **REIMERS, WILLIAM H**
STREET ADDRESS **910 LYNCHBURG DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 38546**

TITLE **D** ☐ DELETE

NAME **SILVER, JAY L.**
STREET ADDRESS **4265 SAN FELIPE ROAD SUITE 800**
CITY-ST-ZIP **HOUSTON TX 77927**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Chairman** ☐ Change ☒ Addition

1.2 NAME **Reimers, William H**

1.3 STREET ADDRESS **910 Lynchbury Drive**

1.4 CITY-ST-ZIP **Jacksonville, North Carolina 28546**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **Director**

4.3 STREET ADDRESS **Hoover, Lynn C.**

4.4 CITY-ST-ZIP **2420 Pershing Road, Suite 400**

Kansas City, Missouri 64108

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

John E. Walter, Senior VP (212) 573-8484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)