

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33671

1. Entity Name

LEUKEMIA SOCIETY RESEARCH PROGRAMS, INC.

Principal Place of Business

1311 MAMARONECK AVENUE
WHITE PLAINS NY 10605

Mailing Address

1311 MAMARONECK AVENUE
WHITE PLAINS NY 10605

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

13-3470494

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, PATRICIA
4360 NORTHLAKE BLVD, SUITE 109
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D REIMERS, WILLIAM H
STREET ADDRESS 910 LYNCHBURY DR
CITY-ST-ZIP JACKSONVILLE NC 28546

TITLE ☐ Delete
NAME P HOWELL, DWAYNE
STREET ADDRESS 1311 MAMARONECK AVENUE
CITY-ST-ZIP WHITE PLAINS NY 10605

TITLE ☐ Delete
NAME SVP WALTER, JOHN E.
STREET ADDRESS 1311 MAMARONECK AVENUE
CITY-ST-ZIP WHITE PLAINS NY 10605

TITLE ☐ Delete
NAME D HOOVER, LYNN C
STREET ADDRESS 2600 GRAND AVENUE, 12TH FLOOR
CITY-ST-ZIP KANSAS CITY MO 64108

TITLE ☐ Delete
NAME COB 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME COB
STREET ADDRESS Norbert Sieber
CITY-ST-ZIP Four Station Square
Pittsburgh, PA 15219

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

914-949-5213

Daytime Phone #

CR2E037 (9/01)