

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90011 019 \*\*\*\*61.25

**DOCUMENT #** *P33671*

**1. Entity Name**  
Leukemia Society Research Programs, Inc.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 1311 Mamaroneck Avenue		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State White Plains, NY		City & State	
Zip 10605	Country USA	Zip	Country

40008308

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 13-3470494		Applied For Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	<b>7. Name and Address of Current Registered Agent</b>		
	Name Patricia McDonald Street Address (P.O. Box Number is Not Acceptable) 4360 North Lake Blvd., Suite 109 City Palm Beach Gardens FL Zip Code 33410		

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when naming)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>FEE IS \$61.25</b> <b>Initial or Amended UBR</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	COB John M. Kamins 2290 First National Bldg. Detroit, MI 48226-3506	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VC David Frantze 1201 Walnut, Suite 2600 Kansas City, MO 64106-2150	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	ST Thomas Fitzpatrick One New Bond Street Worcester, MA 01615	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VCMS Beverly S. Mitchell, MD UNC @ Chapel Hill, CB # 7305 3009 Old Clinic Bldg. Chapel Hill, NC 27599-7305	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	President & CEO Dwayne Howell 1311 Mamaroneck Avenue White Plains, NY 10605	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	EVP & CFO John Walter 1311 Mamaroneck Avenue White Plains, NY 10605	<b>TITLE</b> 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *[Signature]* **John Walter** **1/30/06** **914-949-5213**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037B (12/01)