
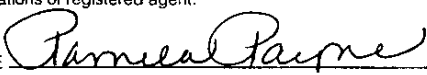
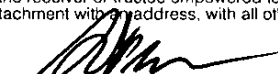


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90074 012 \*\*\*\*61.25

<b>DOCUMENT # P33671</b> 1. Entity Name <b>LEUKEMIA SOCIETY RESEARCH PROGRAMS, INC.</b>					
Principal Place of Business <b>1311 MAMARONECK AVENUE WHITE PLAINS, NY 10605</b>			Mailing Address <b>1311 MAMARONECK AVENUE WHITE PLAINS, NY 10605</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>13-3470494</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCDONALD, PATRICIA 4360 NORTHLAKE BLVD, SUITE 109 PALM BEACH GARDENS, FL 33410</b>			7. Name and Address of New Registered Agent Name <b>Pamela Payne</b> Street Address (P.O. Box Number is Not Acceptable) <b>4360 Northlake Blvd. Suite 109</b> City <b>Palm Beach Gardens</b> <b>FL</b> Zip Code <b>33410</b>		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  <span style="float: right;">DATE _____</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIMERS, WILLIAM H 910 LYNCHBURY DR JACKSONVILLE, NC 28546	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Fitzpatrick, Thomas L. One New Bond Street Worcester, MA 01615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWELL, DWAYNE 1311 MAMARONECK AVENUE WHITE PLAINS, NY 10605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Lauria, Marie M. MSW 702 Caswell Road Chapel Hill, NC 27514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPC WALTER, JOHN E. 1311 MAMARONECK AVENUE WHITE PLAINS, NY 10605	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr.VP & CFO Nangle, James 1311 Mamaroneck Avenue White Plains, NY 10605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOVER, LYNN C 1201 WALNUT STREET KANSAS CITY, MO 64106	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCMS Keating, Armand, MD 1311 Mamaroneck Avenue White Plains, NY 10605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB KAMINS, JOHN M 2290 FIRST NATIONAL BUILDING DETROIT, MI 482263506	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB Frantze, David 1201 Walnut, Suite 2600 Kansas City, MO 64106-2150	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFR Cienki, Paul 77 A Street Needham, MA 02494-2806	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 			Gordon Miller, Jr. 4/26/07 914-949-5213		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Date Phone #</small>		