
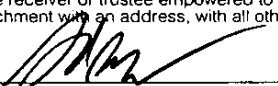


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90396 007 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-3470494	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAYNE, PAMELA 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FITZPATRICK, THOMAS L ONE NEW BOND STREET WORCESTER, MA 01615 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thomas Hunter 1311 Mamaroneck Avenue White Plains, NY 10605		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWELL, DWAYNE 1311 MAMARONECK AVENUE WHITE PLAINS, NY 10605 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John Walter 1311 Mamaroneck Avenue White Plains, NY 10605		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC LAURIA, MARIE M MSW 702 CASWELL ROAD CHAPEL HILL, NC 27514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO NANGLE, JAMES 1311 MAMARONECK AVENUE WHITE PLAINS, NY 10605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB FRANTZE, DAVID 1201 WALNUT, STE 2600 KANSAS CITY, MO 641062150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CIENTKI, PAUL 77 A STREET NEEDHAM HEIGHTS, MA 024942806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.					
SIGNATURE: 		Gordon Miller Jr.		4/18/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 914-949-5213	