

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91838 022 \*\*\*\*70.00

**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**

**70050979**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**1311 Mamaroneck Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**1311 Mamaroneck Avenue**  
Suite, Apt. #, etc.

City & State  
**White Plains, NY**

City & State  
**White Plains, NY**

4. FEI Number  
**13-3470494**

Applied For  
☐ Not Applicable

Zip  
**10605**

Country  
**United States**

Zip  
**10605**

Country  
**United States**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's 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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

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

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

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

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

TITLE **COB** ☐ Delete  
NAME **SIEBER, NORBERT**  
STREET ADDRESS **FOUR STATION SQUARE**  
CITY-STATE-ZIP **PITTSBURGH, PA 15219**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 time empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

(914) 949-5213

Date

Daytime Phone #

John E. Walter

CR2E037 (10/02)