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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 20 PM 2:18

DOCUMENT # P39544 (2)

1. Corporation Name
THE CANCER RESEARCH FOUNDATION OF AMERICA, INC.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 700 PRINCESS ST. ALEXANDRIA VA 22314 200 Daingerfield Rd Alexandria, VA 22314 | 700 PRINCESS ST. ALEXANDRIA VA 22314 200 Daingerfield Rd Alexandria, VA 22314 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified 07/08/1992 | 3a. Date of Last Report 05/01/1994 |
| 4. FEI Number 52-1429544 | Applied For: <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$68.75 Supplemental Fee Not Required | |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 25 |
| 29 | 30 |

9. Name and Address of Current Registered Agent

**WELLMAN, JOYCE O.
3125 MORRISON
TAMPA FL 33629**

10. Name and Address of New Registered Agent

| | |
|---|----------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | D |
| NAME | BUSH, MARGARET M |
| STREET ADDRESS | 6302 FORT HUNT RD |
| CITY-ST-ZIP | ALEXANDRIA VA |
| TITLE | D |
| NAME | KLESHISHIAN, HAROLD M |
| STREET ADDRESS | 4502 STANFORD |
| CITY-ST-ZIP | CHEVY CHASE MD |
| TITLE | PD |
| NAME | ALDIGE, CAROLYN |
| STREET ADDRESS | 515 DUKE ST |
| CITY-ST-ZIP | ALEXANDRIA VA 22314 |
| TITLE | D |
| NAME | ALABASTER, OLIVER |
| STREET ADDRESS | 2300 I ST., NW |
| CITY-ST-ZIP | WASHINGTON DC |
| TITLE | D |
| NAME | CANTRELL, P. THOMAS |
| STREET ADDRESS | 1104 LASKIN RD. |
| CITY-ST-ZIP | VIRGINIA BEACH VA |
| TITLE | D |
| NAME | BERRY, MR. PAUL |
| STREET ADDRESS | 3007 TILDEN ST NW |
| CITY-ST-ZIP | WASHINGTON DC 20008 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--|--|
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Catherine Bennett | |
| 1.3 STREET ADDRESS | 1455 Pennsylvania Avenue, NW #925 | |
| 1.4 CITY-ST-ZIP | Washington, DC 20004 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | see attached list for additional names | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carolyn R. Aldige 3/14/95 703-836-4412
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Carolyn R. Aldige President

CANCER RESEARCH FOUNDATION of AMERICA
Board of Directors, 1994-1995

Carolyn R. Aldigé, President*-'94 (3)
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