

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P39544 (2)
1. Corporation Name
THE CANCER RESEARCH FOUNDATION OF AMERICA, INC.



Principal Place of Business: **200 DAINGERFIELD ROAD ALEXANDRIA VA 22314 US**
Mailing Address: **200 DAINGERFIELD ROAD ALEXANDRIA VA 22314 US**

3. Date Incorporated or Qualified: **07/08/1992**
3a. Date of Last Report: **03/20/1995**
4. FEI Number: **52-1429544**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-instating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	BENNETT, CATHERINE
STREET ADDRESS	1455 PENNSYLVANIA AVENUE, NW #925
CITY-ST-ZIP	WASHINGTON DC
TITLE	D <input type="checkbox"/> DELETE
NAME	KLESHISHIAN, HAROLD M
STREET ADDRESS	4502 STANFORD
CITY-ST-ZIP	CHEVY CHASE MD
TITLE	PD <input type="checkbox"/> DELETE
NAME	ALDIGE, CAROLYN
STREET ADDRESS	515 DUKE ST
CITY-ST-ZIP	ALEXANDRIA VA 22314
TITLE	D <input type="checkbox"/> DELETE
NAME	ALABASTER, OLIVER
STREET ADDRESS	2300 I ST., NW
CITY-ST-ZIP	WASHINGTON DC
TITLE	D <input type="checkbox"/> DELETE
NAME	CANTRELL, P. THOMAS
STREET ADDRESS	1104 LASKIN RD.
CITY-ST-ZIP	VIRGINIA BEACH VA
TITLE	D <input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	200 DAINGERFIELD ROAD, SUITE 200
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Landry, Brock
5.3 STREET ADDRESS	601 13th Street NW, 12th Floor
5.4 CITY-ST-ZIP	Washington, DC 20005
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 03/15/96 703-836-4412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)