

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 17 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P39544 (2)
1. Corporation Name
THE CANCER RESEARCH FOUNDATION OF AMERICA, INC.



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| Principal Place of Business 200 DAINGERFIELD ROAD ALEXANDRIA VA 22314 US | Mailing Address 200 DAINGERFIELD ROAD ALEXANDRIA VA 22314-2884 US |
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|--|--|
| 3. Date Incorporated or Qualified 07/08/1992 | 3a. Date of Last Report 04/01/1996 |
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|---|--|
| 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 |
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|---|--|
| 4. FEI Number 52-1429544 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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 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 reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BENNETT, CATHERINE | 1.2 NAME | |
| STREET ADDRESS | 1455 PENNSYLVANIA AVENUE, NW #925 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WASHINGTON DC | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KLESHISHIAN, HAROLD M | 2.2 NAME | |
| STREET ADDRESS | 4502 STANFORD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHEVY CHASE MD | 2.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALDIGE, CAROLYN | 3.2 NAME | |
| STREET ADDRESS | 200 DANGERFIELD RD, SUITE 200 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ALEXANDRIA VA | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALABASTER, OLIVER | 4.2 NAME | |
| STREET ADDRESS | 2300 I ST., NW | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WASHINGTON DC | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LANDRY, BROCK | 5.2 NAME | <i>Landry, Brock et al</i> |
| STREET ADDRESS | 601 13TH ST NW, 12TH FLOOR | 5.3 STREET ADDRESS | <i>Venable, Baetjer et al</i> |
| CITY-ST-ZIP | WASHINGTON DC | 5.4 CITY-ST-ZIP | <i>1201 New York, Washington, DC 20005</i> |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERRY, MR. PAUL | 6.2 NAME | |
| STREET ADDRESS | 3007 TILDEN ST NW | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | WASHINGTON DC 20008 | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CFR2E037 (9/96)