

1.) CORPORATION NAME:

**AMERICAN CANCER SOCIETY, INC.**

DUE DATE: **6/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**NATIONAL REGISTERED AGENTS INC**

**4001 North Ninth Street, Suite 227**

**ARLINGTON, VA 22203**

SCC ID NO: **F1473364**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 250 WILLIAMS STREET NW

CITY/ST/ZIP: ATLANTA, GA 30303-1002

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: SHEFFIELD HALE  
TITLE: CHF COUNSEL/AS  
ADDRESS: 250 WILLIAMS STREET NW  
CITY/ST/ZIP/CO: ATLANTA, GA 30303-1002

OFFICER

DIRECTOR

NAME: JOHN R SEFFRIN  
TITLE: CEO  
ADDRESS: 250 WILLIAMS STREET  
CITY/ST/ZIP/CO: ATLANTA, GA 30303-1002

OFFICER

DIRECTOR

NAME: EDWARD E PARTRIDGE  
TITLE: PRESIDENT  
ADDRESS: 250 WILLIAMS ST  
CITY/ST/ZIP/CO: ATLANTA, GA 30303-1002

OFFICER

DIRECTOR

NAME: GEORGE W P ATKINS  
TITLE: DIRECTOR  
ADDRESS: 250 WILLIAMS ST  
CITY/ST/ZIP/CO: ATLANTA, GA 30303-1002

OFFICER

DIRECTOR

NAME: STEPHEN L SWANSON  
TITLE: CHAIRMAN  
ADDRESS: 250 WILLIAMS ST  
CITY/ST/ZIP/CO: ATLANTA, GA 30303-1002

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W. PHIL EVANS PRESIDENT 250 WILLIAMS STREET ATLANTA, GA 30303-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIGGS W. ANDREWS DIRECTOR 250 WILLIAMS STREET ATLANTA, GA 30303-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERMILO BARRERA DIRECTOR 250 WILLIAMS STREET ATLANTA, GA 30303-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY M. REEDY DIRECTOR 250 WILLIAMS STREET ATLANTA, GA 30303-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CYNTHIA L. LEBLANC DIRECTOR 250 WILLIAMS STREET ATLANTA, GA 30303-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL P. HEIST TREASURER 250 WILLIAMS STREET ATLANTA, GA 30303-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LILA R. JOHNSON SECRETARY 250 WILLIAMS STREET ATLANTA, GA 30303-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VINCENT T. DEVITA, JR. DIRECTOR 250 WILLIAMS STREET ATLANTA, GA 30303-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIM E. BYERS DIRECTOR 250 WILLIAMS STREET ATLANTA, GA 30303-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ SHEFFIELD HALE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHEFFIELD HALE, CHF COUNSEL/AS PRINTED NAME AND CORPORATE TITLE	5/3/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			