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SECRETARY OF STATES
TALLAHASSEE FLORIDA

ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION CANULO

7432889

COST LIMIT	\$ 70.00	

ORDER DATE : June 17, 2010

ORDER TIME : 12:03 PM

ORDER NO. : 419822-010

CUSTOMER NO: 7432889

FOREIGN FILINGS

NAME: NATIONAL MARROW DONOR PROGRAM

XXXX QUALIFICATION (TYPE: NP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER:

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

	Marrow Donor Program Inc.	D" or "CORPORATION" or words or abbreviations of like
import in langua	age as will clearly indicate that it is a corporation present. "Company" or "Co." may not be used as	n instead of a natural person or partnership if not so contained
2. Colorado	3.	84-0865803
(State or cou	ntry under the law of which it is incorporated)	(FEI number, if applicable)
4. 08/21/198	1	Perpetual
1)	Date of Incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. Date first cond	0/2010 lucted affairs in Florida if prior to registration. See s	sections 617.1501 & 617.1502, F.S, to determine penalty liability.)
₇ 3001 Broa	ndway Street N.E., Suite 500, Minn	eapolis, MN 55413
/·		ffice address)
same	(Current m	nailing address)
	(Current ii	laining address)
8. Educate, re	ecruit, tissue type, and manage vol	unteer donors to assist patients in need of certain to be carried out in the state of Florida) transplants.
9. Name and str	eet address of Florida registered agent: (P.O	. Box NOT acceptable)
Name:	Corporation Service Company	ALL
Office Address:	1201 Hays Street	ASSE
	Tallahassee	, Florida 32301 (Zip Code)
	(City)	(Zip Code)
	l agent's acceptance:	ce of process for the above stated corporation at the place
designated in th further agree to	is application, I hereby accept the appoints	nent as registered agent and agree to act in this capacity. I elative to the proper and complete performance of my duties,
	Corporation Service Company	Kimberty B. Moret as its agent
	(Nagistered a	gent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

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A. DIRECTORS	10 JUL -2 AH 11: 30	
Chairman: See attached list for all officers and directors	SECRETARY OF STATE	
Address:	ALLAHASSEE FLORIDA	
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President:	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Address:	,	
Vice President:		
Address:		
Secretary:		
Address:		
Treasurer:		
Address:	1.2.15	
NOTE: If necessary you may attach an addendum to the application listin	g additional officers and/or directors.	
13. (Signature of Chairman, Vice Chairman, or any officer listed in	number 12 of the application)	
Gordon C. Bryan, Chief Financial Officer	manious sa os mo approunous	

Exhibit A

Officers

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10 JUL -2 Mil: 30

SECRETARY OF STATE

Name and Office/Title

Jeffrey W. Chell, M.D. - Chief Executive Officer

Dennis L. Confer, M.D. - Chief Medical Officer

Gordon C. Bryan – Chief Financial Officer

Michael Boo - Strategic Development Officer

Michael Jones - Chief Information Officer

<u>Address</u>

3001 Broadway St, NE, Ste 500 Minneapolis, MN 55413
3001 Broadway St, NE, Ste 500 Minneapolis, MN 55413
3001 Broadway St, NE, Ste 500 Minneapolis, MN 55413
3001 Broadway St, NE, Ste 500 Minneapolis, MN 55413
3001 Broadway St, NE, Ste 500 Minneapolis, MN 55413

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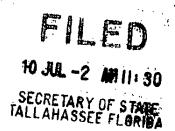
Exhibit B

10 JUL -2 MHII: 30

Directors

SECRETARY OF STATE

<u>Name</u>	<u>Address</u>	The state of the s
Edward L. Snyder, M.D.	3001 Broadway St, NE, Ste 50	00, Minneapolis, MN 55413
Rebecca A. Lewis, Esq.	3001 Broadway St, NE, Ste 50	00, Minneapolis, MN 55413
Susan L. Rossmann, M.D., Ph.D.	3001 Broadway St, NE, Ste 50	00, Minneapolis, MN 55413
Rebecca McCullough	3001 Broadway St, NE, Ste 50	00, Minneapolis, MN 55413
Deborah A. Abroal	3001 Broadway St, NE, Ste 50	00, Minneapolis, MN 55413
Daniel D. Arndt	3001 Broadway St, NE, Ste 50	00, Minneapolis, MN 55413
Colleen R. Chapleau, B.B.A, C.H.T.C	3001 Broadway St, NE, Ste 50	00, Minneapolis, MN 55413
Rex Crawley, Ph.D	3001 Broadway St, NE, Ste 50	0, Minneapolis, MN 55413
Christine Fleming	3001 Broadway St, NE, Ste 50	0, Minneapolis, MN 55413
Sergio A. Giralt, M.D.	3001 Broadway St, NE, Ste 50	0, Minneapolis, MN 55413
Gary A. Goldstein	3001 Broadway St, NE, Ste 50	0, Minneapolis, MN 55413
Miriam A. Markowitz	3001 Broadway St, NE, Ste 50	0, Minneapolis, MN 55413
Bernadette Murray-Fertel	3001 Broadway St, NE, Ste 50	0, Minneapolis, MN 55413
Esperanza B. Papadopoulos, M.D.	3001 Broadway St, NE, Ste 50	0, Minneapolis, MN 55413
Stelios Papadopoulos, Ph.D.	3001 Broadway St, NE, Ste 50	0, Minneapolis, MN 55413
Thomas H. Price, M.D.	3001 Broadway St, NE, Ste 50	0, Minneapolis, MN 55413
John R. Wingard, M.D.	3001 Broadway St, NE, Ste 50	0, Minneapolis, MN 55413
Nelson J. Chao, M.D., M.B.A.	3001 Broadway St, NE, Ste 50	0, Minneapolis, MN 55413
Michael K. Jhin	3001 Broadway St, NE, Ste 50	0, Minneapolis, MN 55413
Chatchada Karanes, M.D.	3001 Broadway St, NE, Ste 50	0, Minneapolis, MN 55413
Eneida R. Nemecek, M.D.	3001 Broadway St, NE, Ste 50	0, Minneapolis, MN 55413
Zbigniew M. Szczepiorkowski, Ph.D., M.D.	3001 Broadway St, NE, Ste 50	0, Minneapolis, MN 55413
Dennis M. Todd, Ph.D.	3001 Broadway St, NE, Ste 50	0, Minneapolis, MN 55413
Ann E. Woolfrey, M.D.	3001 Broadway St, NE, Ste 50	0, Minneapolis, MN 55413



OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Bernie Buescher, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

NATIONAL MARROW DONOR PROGRAM

is a **Nonprofit Corporation** formed or registered on 08/21/1981 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871446887.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/28/2010 that have been posted, and by documents delivered to this office electronically through 07/02/2010 @ 10:01:19.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 07/02/2010 @ 10:01:19 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7687414.



Secretary of State of the State of Colorado

*****************End of Certificate*********

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select 'Frequently Asked Questions,''