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SECRETARY OF STATE
FALL CHANGE OF GROUP

COVER LETTER

10:	Division of C					
SUBJ	ECT:Internation	onal Association of Environmer Name of Corporat	ital Mutagenes ion – must in	sis and Genomics	s Societies, Inc.	
Dear S	ir or Madam:					
Affairs	in Florida", "Ce	tion by Foreign Not for Profestificate of Existence", or "enced not for profit corpora	Certificate of	Status" and ch	neck are submitted to)
Please	return all corres	pondence concerning this m	atter to the fo	ollowing:		
	Bob Be	vans-Kerr				
		Name	of Person			#
	BK Ass	ociation Management, LLC			10000000000000000000000000000000000000	Z -i
		Firm/0	Company			第二
	12627 S	an Jose Blvd., Suite 202				N-7 P
					120	記り
		Ad	ldress			4-
	Jackson	ville, Fl 3223-8638				
		City/State	and Zip Code	;		
	bbk@bk	ms.net				
	E-n	nail address: (to be used for	future annua	l report notifica	ation)	
For fur	ther information	concerning this matter, plea	ase call:			
Bob B	evans-Kerr	at (904	425-5735		
-	Name o	of Person	Area Code	Daytime Tel	ephone Number	
	MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction rporations		Registration S Division of Co Clifton Buildi	orporations ing ve Center Circle	ie
Enclose	ed is a check for	the following amount:				
□ \$70	.00 Filing Fee	□\$78.75 Filing Fee & Certificate of Status		Filing Fee & ed Copy	\$87.50 Filing Certificate of	

Certified Copy

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:

	Association of Environmental Mutagenesis and Ge				
(Name of corpo import in langua in the name at p	ration: must include the word "INCORPORATED age as will clearly indicate that it is a corporation is resent. "Company" or "Co." may not be used as a	" or "CORPORATION" or words or abb nstead of a natural person or partnership corporate sulfix by a nonprofit corporation	reviations if not so co on.)	of like ontaine	d
(If name unava	ailable in Florida, enter alternate corporate name ac	dopted for the purpose of transacting bus	iness in Flo	orida)	•
North Carolin	1a 3 50	5-2258203			
(State or cou	na ntry under the law of which it is incorporated) 3. 50	(FEI number, if applicable)			-
· <u>(I</u>	Date of Incorporation) 5	(Date of duration, if other than	perpetual)		•
3/10/2016					
(Date first cond	ucted affairs in Florida if prior to registration. See see	ctions 617.1501 & 617.1502, F.S, to deter	mine penal	ty liabi	lity.)
12627 San Jos	e Blvd., Suite 202, Jacksonville, FL 32223-8638				
•	(Principal offi	ce address)	Z.S.	5	•
			三量	73%	4,
-	(Current mailing add	dress, if different)		***	. 🍱
				-7	
Scientific Soci	etv		F-1-72		П
	corporation authorized in home state or country to	be carried out in the state of Florida)		골 낮	. U
. Name and str	eet address of Florida registered agent: (P.O.	Box NOT acceptable)	E.	S	
Name:	Bob Bevans-Kerr				
office Address:	12627 San Jose Blvd., Suite 202				
	Jacksonville	, Florida 32223-8638 (Zip Code)			
	(City)	(Zip Code)			
		(S.P 6040)			
laving been na lesignated in th urther agree to	l agent's acceptance: imed as registered agent and to accept servic is application, I hereby accept the appointm ocomply with the provisions of all statutes re infamiliar with and accept the obligations of	ent as registered agent and agree to lative to the proper and complete pe	act in thi	s cana	ıcitv.
	ZaBe	ren fran			
	(Registered age	ent'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

A. DIRECTORS

Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	78 6
Address:	
Director:	The Property of the Property o
Address:	97 3 97 3 98 1 5
B. OFFICERS President: See attached list of Officers Address:	
Vice President:	
Address:	
Secretary:	
Address: Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the appl 13. (Signature of Chairman, Vice Chairman, or any off	
14. Takehiko Nohmi, Ph.D. (Typed or printed name and capacity)	

International Association of Environmental Mutagenesis and Genomics Societies

Takehiko Nohmi, PhD, President

Biological Safety Research Center National Institute of Health Sciences 1-18-1, Kamiyoga, Setagaya-ku Tokyo 158-8501 Japan

Tel: 81-3-3516-6181 ext. 1055

FAX: 81-3-3516-6182 Email: nohmi@nihs.go.jp

Catarina S.Takahashi, PhD, Vice President

Department of Biology Faculty of Philosophy, Sciences and Letters of Ribeirão Preto São Paulo University 14040-901 Ribeirão Preto São Paulo, Brazil

Tel: 55-16-3602-3761 Email: <u>cstakaha@usp.br</u>

Professor Byung-Mu Lee, PhD, Vice President

College of Pharmacy, Sungkyunkwan University 300 Cheoncheon-dong, Jangan-gu, Suwon, Gyeonggi-do 440-746, Korea

Tel: 82-31-290-7708 Email: <u>bmlee@skku.ac.kr</u>

Professor Michael Fenech, PhD, Secretary

CSIRO
Animal, Food, and Health Sciences
PO Box 10041
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Tel: 618.83038880 Fax: 618.83038899

Email: michael.fenech@csiro.au

Masami Yamada, PhD, Treasurer

Section Chief Division of Genetics and Mutagenesis National Institute of Health Sciences 1-18-1, Kamiyoga, Setagaya-ku Tokyo 158-8501 JAPAN

Tel: +81.3.3700.9873 Fax: +81.3.3700.2348



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

INTERNATIONAL ASSOCIATION OF ENVIRONMENTAL MUTAGENESIS AND GENOMICS SOCIETIES

is a corporation duly incorporated under the laws of the State of North Carolina. having been incorporated on the 13th day of February, 2001, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate





Scan to verify online.

6 laine I. Marshall

Certification# 98094526-1 Reference# 12950377- Page: 1 of 1 Verify this certificate online at http://www.sosne.gov/verification IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 2nd day of March, 2016.

Secretary of State