I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SZCZEPIORKOWSKI, ZBIGNIEW M., MD

Electronic Signature of Signing Officer/Director Detail

SECRETARY

/

Certificate of Status Desired: No

Electronic Signature of Registered Agent

Officer/Director Detail :

SIGNATURE:

Title	CEO	Title	CFO
Name	CHELL, JEFFREY WM.D.	Name	SCHMALTZ, BRUCE
Address	3001 BROADWAY ST, NE, STE 100	Address	3001 BROADWAY ST, NE, STE 100
City-State-Zip:	MINNEAPOLIS MN 55413	City-State-Zip:	MINNEAPOLIS MN 55413
Title	CHAIRMAN	Title	SECRETARY
Title Name	CHAIRMAN ARNDT, DANIEL D.	Title Name	SZCZEPIORKOWSKI, ZBIGNIEW M.
		Name	SZCZEPIORKOWSKI, ZBIGNIEW M. MD
Name	ARNDT, DANIEL D.		SZCZEPIORKOWSKI, ZBIGNIEW M.

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

FEI Number: 84-0865803

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

Current Mailing Address:

3001 BROADWAY STREET N.E. SUITE 100 MINNEAPOLIS, MN 55413

Current Principal Place of Business:

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

3001 BROADWAY STREET N.E. SUITE 100 MINNEAPOLIS, MN 55413

DOCUMENT# F10000003014 Entity Name: NATIONAL MARROW DONOR PROGRAM INC.

FILED Apr 29, 2014 Secretary of State CC2795489649

Date

04/29/2014 Date