

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 24, 2018
Secretary of State
CC6375960922

Entity Name: NATIONAL MARROW DONOR PROGRAM INC.

Current Principal Place of Business:

500 NORTH 5TH STREET
MINNEAPOLIS, MN 55401

Current Mailing Address:

500 NORTH 5TH STREET
MINNEAPOLIS, MN 55401 US

FEI Number: 84-0865803

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 NORTH CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CFO	Title	IMMEDIATE PAST CHAIR, DIRECTOR
Name	RONNEBERG, AMY	Name	WINGARD, JOHN R MD
Address	500 NORTH 5TH STREET	Address	UNIVERSITY OF FL COLLEGE OF MEDICINE 2033 MOWRY ROAD, SUITE 145
City-State-Zip:	MINNEAPOLIS MN 55401	City-State-Zip:	GAINESVILLE FL 32610-3633
Title	COUNCIL CHAIR, DIRECTOR	Title	CHIEF INFORMATION OFFICER
Name	GOLDSTEIN, GARY	Name	MCCULLOUGH, MIKE
Address	300 PASTEUR DRIVE, RM. H0101	Address	500 NORTH 5TH STREET
City-State-Zip:	STANFORD CA 94305	City-State-Zip:	MINNEAPOLIS MN 55401
Title	CEO	Title	CHIEF OPERATIONS OFFICER
Name	MILLS, C. RANDALL	Name	DODSON, KAREN
Address	500 NORTH 5TH STREET	Address	500 NORTH 5TH STREET
City-State-Zip:	MINNEAPOLIS MN 55401	City-State-Zip:	MINNEAPOLIS MN 55401
Title	CHIEF MEDICAL OFFICER	Title	CHIEF LEGAL OFFICER/AUTHORIZED SIGNER
Name	CONFER, DENNIS M.D.	Name	LINDBERG, BRIAN
Address	500 NORTH 5TH STREET	Address	500 NORTH 5TH STREET
City-State-Zip:	MINNEAPOLIS MN 55401	City-State-Zip:	MINNEAPOLIS MN 55401

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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: BRIAN LINDBERG

**CHIEF LEGAL
OFFICER/AUTHORIZED
SIGNER**

04/24/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SCHUBERT, DAVID
Address 430 E. 29TH STREET, SUITE 840
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR
Name HERZBERG, URI
Address 148 MAPLE STREET
City-State-Zip: BRIDGEWATER NJ 08807

Title DIRECTOR
Name WEST, ABIGAIL
Address 37 CONGRESS STREET, UNIT A
City-State-Zip: NEW ROCHELLE NY 10901

Title DIRECTOR
Name WHITE, LORI A.
Address MCKESSON HEALTH SYSTEMS
1220 SENIAC DRIVE
City-State-Zip: CARROLLTON TX 75006

Title DIRECTOR
Name REITHEL, BRIAN J. PH.D.
Address FIVE COUNTY ROAD 3029
City-State-Zip: OXFORD MS 38655

Title DIRECTOR
Name PERALES, MIGUEL-ANGEL MD
Address MEMORIAL SLOAN KETTERING CANCER
CENTER
1275 YORK AVE., BOX 298
City-State-Zip: NEW YORK NY 10065

Title DIRECTOR
Name DAVENPORT, MICHAEL T.
Address 31 BROOKLAWN AVENUE
City-State-Zip: STAMFORD CT 06906

Title DIRECTOR
Name BERKEY, ANN R.
Address THE BERKEY GROUP
5100 PROCTOR AVE.
City-State-Zip: OAKLAND CA 94618

Title DIRECTOR
Name GRANT, SHELLEY
Address 5600 FISHERS LANE, ROOM 08W67
City-State-Zip: ROCKVILLE MD 20857

Title DIRECTOR
Name HARTZMAN, ROBERT J M.D., CPT, MC, US NAVY
Address 11333 WOODGLEN DRIVE, 3RD FLOOR
City-State-Zip: ROCKVILLE MD 20852

Title DIRECTOR
Name SOIFFER, ROBERT J. MD
Address 450 BROOKLINE AVENUE
City-State-Zip: BOSTON MA 02215

Title DIRECTOR
Name LANG, MICHAEL E.
Address 7 SPRING BROOK ROAD
City-State-Zip: MORRISTOWN NJ 07960

Title DIRECTOR
Name KASOW WICHLAN, KIMBERLY D.O.
Address 1108 PHYSICIANS OFFICE BUILDING
170 MANNING DRIVE, CAMPUS BOX
7236
City-State-Zip: CHAPEL HILL NC 27599-7236

Title DIRECTOR
Name SANDHU, HARPREET MT
Address 317 DELLBROOK AVENUE
City-State-Zip: SAN FRANCISCO CA 94131

Title DIRECTOR, VICE CHAIR
Name PORTER, DAVID L. M.D.
Address TWO WEST PAVILION
3400 CIVIC CENTER BOULEVARD
UNIVERSITY OF PENNSYLVANIA
HEALTH SYSTEM
City-State-Zip: PHILADELPHIA PA 19104

Title DIRECTOR
Name CALTABIANO, MELINDA
Address PO BOX 368
City-State-Zip: BRONXVILLE NY 10708

Title DIRECTOR, SECRETARY
Name KAMANI, PANKAJ
Address 1880 SILAS DEANE HWY #202
City-State-Zip: ROCKY HILL CT 06067

Title DIRECTOR
Name ARNDT, DANIEL D.
Address 211 STARR WOOD
City-State-Zip: HUDSON WI 54016

Title DIRECTOR
Name GREENWALD, MELISSA M.D.
Address 5600 FISHERS LANE, ROOM 8W58
City-State-Zip: ROCKVILLE MD 20852

Title DIRECTOR
Name LORENTZ, ROBERT D PHD
Address 41 NORTH OAKS RD
City-State-Zip: NORTH OAKS MN 55127

Title DIRECTOR
Name SNYDER, EDWARD L M.D.
Address YALE-NEW HAVEN HOSPITAL
 200 YORK STREET, BLOOD BANK, PS29D
City-State-Zip: NEW HAVEN CT 06510

Title CHIEF HUMAN RESOURCES OFFICER
Name SCHMIDT, TRACY
Address 500 NORTH 5TH STREET
City-State-Zip: MINNEAPOLIS MN 55401