

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000003014

**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 DIRECTOR  
Name ABRAHAMSEN, LYNN  
Address 1583 FULHAM STREET  
City-State-Zip: ST. PAUL MN 55108

Title CHAIRMAN, DIRECTOR  
Name REITHEL, BRIAN  
Address 15 COUNTY ROAD 2016  
City-State-Zip: OXFORD MO 38655

Title DIRECTOR  
Name LEE, M.D., STEPHANIE  
Address 1100 FAIRVIEW AVENUE, D5-290  
City-State-Zip: SEATTLE WA 98109

Title DIRECTOR  
Name WEST, ABIGAIL  
Address 12 MAPLE AVENUE APT 1  
City-State-Zip: MONTCLAIR NJ 07042

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

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

Title VC, DIRECTOR  
Name GASSON, JUDITH PHD  
Address FACTOR 8-684  
UNIVERSITY OF CALIFORNIA LOS  
ANGELES MAIL STOP 178121  
City-State-Zip: LOS ANGELES CA 90095

Title DIRECTOR, SECRETARY  
Name KOMANDURI, M.D., KRISHNA  
Address 1501 NW 12TH AVENUE ROOM 916  
City-State-Zip: MIAMI FL 33136

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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:** AMY RONNEBERG

**CEO**

**04/18/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LANG, MICHAEL E.  
Address 4732 YORK AVE S  
City-State-Zip: MINNEAPOLIS MN 55410

Title DIRECTOR  
Name RASMUSEN, VICKI  
Address 1301 WEST ROYAL OAKS DRIVE  
City-State-Zip: SHOREVIEW TX 55126

Title DIRECTOR  
Name MILLER, RAVYN  
Address 1369 SPRUCE PLACE, #2910  
City-State-Zip: MINNEAPOLIS MN 55403

Title DIRECTOR  
Name MCGEORGE, ANNE  
Address 510 PONCE DE LEON BLVD  
City-State-Zip: BELLEAIR FL 33756

Title DIRECTOR  
Name STRONGIN, LAURIE  
Address 2440 WISCONSIN AVENUE NW  
2ND FLOOR  
City-State-Zip: WASHINGTON DC 20007

Title DIRECTOR  
Name KONG, GARHENG  
Address 901 TERRACE MOUNTAIN DRIVE  
City-State-Zip: WEST LAKE HILLS TX 78746

Title CEO  
Name RONNEBERG, AMY  
Address 500 NORTH 5TH STREET  
City-State-Zip: MINNEAPOLIS MN 55401

Title DIRECTOR  
Name SHPALL, ELIZABETH J  
Address 1515 HOLCOMBE BLVD.  
UNIT 423  
City-State-Zip: HOUSTON, TX 77030