

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000003014

**FILED**  
**Apr 24, 2015**  
**Secretary of State**  
**CC8454188102**

**Entity Name:** NATIONAL MARROW DONOR PROGRAM INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 84-0865803

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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            CEO  
Name            CHELL, JEFFREY WM.D.  
Address        3001 BROADWAY ST, NE, STE 100  
City-State-Zip: MINNEAPOLIS MN 55413

Title            CFO  
Name            RONNEBERG, AMY  
Address        3001 BROADWAY ST, NE, STE 100  
City-State-Zip: MINNEAPOLIS MN 55413

Title            CHAIRMAN  
Name            WINGARD, JOHN R MD  
Address        3001 BROADWAY ST, NE, STE 100  
City-State-Zip: MINNEAPOLIS MN 55413

Title            SECRETARY  
Name            POMEROY, WILLIAM G  
Address        5404 SOUTH BAY ROAD  
City-State-Zip: SYRACUSE NY 13212

Title            DIRECTOR  
Name            GRANT, SHELLEY TIMS  
Address        3001 BROADWAY STREET N.E.  
                 SUITE 100  
City-State-Zip: MINNEAPOLIS MN 55413

Title            VICE CHAIRMAN  
Name            ABRAHAMSEN, LYNN  
Address        1583 FULHAM STREET  
City-State-Zip: ST. PAUL MN 55108

*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:** WILLIAM G POMEROY

**SECRETARY**

**04/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date