

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 25, 2017
Secretary of State
CC8854520617

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:

NATIONAL CORPORATE RESEARCH, LTD., 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
Name RONNEBERG, AMY
Address 500 NORTH 5TH STREET
City-State-Zip: MINNEAPOLIS MN 55401

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

Title CHIEF INFORMATION OFFICER
Name MCCULLOUGH, MIKE
Address 500 NORTH 5TH STREET
City-State-Zip: MINNEAPOLIS MN 55401

Title CHIEF OPERATIONS OFFICER
Name DODSON, KAREN
Address 500 NORTH 5TH STREET
City-State-Zip: MINNEAPOLIS MN 55401

Title CHAIRMAN
Name WINGARD, JOHN R MD
Address UNIVERSITY OF FL COLLEGE OF
MEDICINE
2033 MOWRY ROAD, SUITE 145
City-State-Zip: GAINESVILLE FL 32610-3633

Title DIRECTOR
Name YBARRA, YVONNE
Address 6211 IH 10 WEST
City-State-Zip: SAN ANTONIO TX 78201

Title CHIEF STRATEGY OFFICER
Name BOO, MIKE
Address 500 NORTH 5TH STREET
City-State-Zip: MINNEAPOLIS MN 55401

Title CHIEF MEDICAL OFFICER
Name CONFER, DENNIS M.D.
Address 500 NORTH 5TH STREET
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**

04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHIEF LEGAL OFFICER/AUTHORIZED SIGNER
Name LINDBERG, BRIAN
Address 500 NORTH 5TH STREET
City-State-Zip: MINNEAPOLIS MN 55401

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
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 MCMANNIS, JOHN PH.D., M.D.
Address 3602 ACORN WOOD WAY
City-State-Zip: HOUSTON TX 77059

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 SCHUBERT, DAVID
Address 500 NORTH 5TH STREET
City-State-Zip: MINNEAPOLIS MN 55401

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