

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000003014

**FILED**  
**Apr 27, 2021**  
**Secretary of State**  
**2523788943CC**

**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:**

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

Title            CHIEF LEGAL AND POLICY  
Name            LINDBERG, BRIAN  
Address        500 NORTH 5TH STREET  
City-State-Zip: MINNEAPOLIS MN 55401

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

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

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

**Continues on page 2**

*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 AND  
POLICY**

**04/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR, IMMEDIATE PAST 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, SECRETARY  
Name CALTABIANO, MELINDA  
Address 500 NORTH 5TH STREET  
City-State-Zip: MINNEAPOLIS MN 55401

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

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 DIRECTOR  
Name HOLOMAN, FRANK  
Address 5600 FISHERS LANE ROOM 8W58  
City-State-Zip: ROCKVILLE MD 20852

Title DIRECTOR  
Name LANG, MICHAEL E.  
Address 2730 WEST LAKE STREET, UNIT 407  
City-State-Zip: MINNEAPOLIS MN 55416

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

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

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

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

Title VICE CHAIR, 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 ARNDT, DANIEL  
Address 211 STARR WOOD  
City-State-Zip: HUDSON WY 54016

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

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

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

Title DIRECTOR  
Name LEWIS, REBECCA A.  
Address 1818 HUNTERS COURT  
City-State-Zip: STEAMBOAT SPRINGS CO 80487

Title DIRECTOR  
Name GUIDRY- GROVES, HOPE  
Address 1400 LA CONCHA LANE  
City-State-Zip: HOUSTON TX 77054

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

Title DIRECTOR  
Name ALBERT, CINDY  
Address DANA FARBER CANCER INSTITUTE  
44 BINNEY ST.  
City-State-Zip: BOSTON MA 02115

Title DIRECTOR  
Name REITHEL, PH.D., BRIAN J.  
Address 15 COUNTY ROAD 2016  
City-State-Zip: OXFORD MS 38655