**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 26, 2022**
**Secretary of State**
**4479016277CC**

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 | 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<br>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<br>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 — 04/26/2022

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 HOOLOMAN, 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 |