

2016 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:**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 | 500 NORTH 5TH STREET |
| City-State-Zip: | MINNEAPOLIS MN 55401 |

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|-----------------|----------------------|
| Title | CHAIRMAN |
| Name | WINGARD, JOHN R MD |
| Address | 500 NORTH 5TH STREET |
| City-State-Zip: | MINNEAPOLIS MN 55401 |

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

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

| | |
|-----------------|------------------------|
| Title | DIRECTOR |
| Name | CALTABIANO, MELINDA J. |
| Address | 500 NORTH 5TH STREET |
| City-State-Zip: | MINNEAPOLIS MN 55401 |

| | |
|-----------------|----------------------|
| Title | DIRECTOR |
| Name | YBARRA, YVONNE |
| Address | 500 NORTH 5TH STREET |
| City-State-Zip: | MINNEAPOLIS MN 55401 |

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****03/23/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date