Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| S | 325 436 | |
|---|--------------|-------|
| To: Division of Corporations Fax Number : (850)617-6381 | | 130 % |
| From: Account Name : CORPORATION SERVICE COMPANY | eni. Prim | 2 |
| Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515 | . FLORI | |
| **Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.* | | **** |
| Email Address: | _ | |

FOREIGN PROFIT/NONPROFIT CORPORATION CHAMPIONS ONCOLOGY, INC.

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$87.50 |

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COVER LETTER

| TO: | | iling Sec on of Cor | | | | | |
|------------------|--|---|--|-----------|-------------|---|--|
| SUBJ | ECT: | Champi | ions Oncology, Inc. | | | | |
| 5020 | 2011 | Name of corporation - must include suffix | | | | | |
| Dear S | ir or Ma | adam: | | | | | |
| "Certif | icate of | Existence | ion by Foreign Corpo e," or "Certificate of n corporation to trans | Good St | tanding" | and check are subi | t Business in Florida," nitted to register the |
| Please | return a | ıll corresp | ondence concerning | this mat | ter to the | following: | |
| Albert | R. Me | lone III | | | | | |
| | | | | Name | of Person | | |
| Cham | pions C | ncology, | , Inc. | <u> </u> | <u>-</u> | | |
| • | | | | Firm/C | ompany | | |
| One U | niversi | ty Plaza, | Suite 307 | | | | |
| | | | | Ad | dress | | |
| Hacke | nsack, | NJ 0760 | | | | | |
| | | _ | | ity/State | e and Zip | code | |
| amelo | ne@ch | ampions | oncology.com E-mail address: (t | o he use | ed for futi | re annual report n | otification) |
| | | | | | | ne amidal report n | ottileation |
| For fur | ther inf | ormation | concerning this matte | r, pleas | e call: | | |
| Albert | B. Me | lone III | at | , 201 | , 80 | 8-8403 | |
| | Name | of Person | | Are | a Code 8 | Daytime Telepho | one Number |
| | | | | | | | |
| | New F Division Clifton 2661 I | iling Secton of Corp a Building | porations 3 Center Circle | | | MAILING AN New Filing Se Division of Co P.O. Box 6327 Tallahassee, Fi | ction rporations |
| Enclos | ed is a c | check for t | the following amount | : | | | |
| □ ^{\$?} | 70.00 Fi | ling Fee | \$78.75 Filing For Certificate of S | | | '5 Filing Fee & fied Copy | \$87.50 Filing Fee, Certificate of Status & Certified Copy |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| 1. Champions C | Oncology, Inc. corporation; must include "INCORPORATED |)." "COMPANY." "CORPORATION." | • |
|---|--|--|--------------|
| "Inc.," "Co.," "C | orp," "Inc," "Co," or "Corp.") | , | |
| (If name unavail | ablo in Florida, enter alternato corporato name | e adopted for the purpose of transacting business in Plor | ida) |
| | | | |
| (State or country | under the law of which it is incorporated) | . (FEI number, if applicable) | |
| 4. 06/04/1985 | S. | Perpetual | |
| | of incorporation) | (Duration: Year corp. will cease to exist or "perpetua | ıl") |
| 6. N/A | | | |
| | | in Florida, if prior to registration) 502, F.S., to determine penalty liability) | |
| 7. One Universit | y Plaza, Suite 307, Hackensack, NJ 07 | 7601 | |
| | (Principal office add | dress) | |
| One Universit | y Plaza, Suite 307, Hackensack, NJ 07 | 7601 | |
| | (Current mailing ad | dress) | |
| | | | |
| 8. Utilize advanc | ced technology solutions to personalize | e the development and use of oncology drugs. | |
| (Purpose(s | s) of corporation authorized in home state or c | ountry to be carried out in state of Florida) | |
| 9. Name and stree | et address of Florida registered agent: (P. | O. Box NOT acceptable) | 72 |
| Name: | Corporation Service Company | <u>}}}}</u> | 30 |
| ranic. | | The state of the s | N) (|
| Office Address: | 1201 Hays Street | | |
| | Tallahassee | , Florida 32301 (Zip code) | 1237 132. |
| | (City) | (Zip code) | |
| in Registered as | gent's acceptance: | | **** |
| Having been nam designated in this further agree to c | ed as registered agent and to accept serv application, I hereby accept the appoint | lice of process for the above stated corporation at a ment as registered agent and agree to act in this crelative to the proper and complete performance of osition as registered agent. | apacity. |
| - | Corporation Service Company | | |
| | La Company of the Com | funglisher same | |
| <u>. F</u> | Ву: | | |
| | (Registered agent's signature |) | |

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

| 12. Nan | nes and business addresses of officers and/or directors: | | | |
|-------------------------|---|----------------|-------------|---------|
| A. DIR | ECTORS | | | |
| Chairman | : David Sidransky | | | |
| Address: | 7800 Seven Mile Lane | | | |
| | Baltimore, MD 21208 | | | |
| Vice Cha | irman: | | | |
| Address: | | | | |
| | | | | |
| Director: | Ana Stancic | | | |
| Address: | 1 Squire Court | | | |
| | Mahwah, NJ 07430 | | | |
| Director: | Abba Poliakoff | | | ··· |
| Address: | 3211 Fallstaff Road | | | |
| | Baltimore, MD 21215 | | 50 3 | ٠. |
| B. OFF | ICERS | 三 T. | | , water |
| President | Joel Ackerman | 17,54 171 - | | |
| Address: | One University Plaza, Suite 307 | · 产。 | -12 | |
| | Hackensack, NJ 07601 | | , | |
| Vice Pres | oldent: Gary G. Gemignani | - | | |
| Address: | One University Plaza, Suite 307 | | | |
| | Hackensack, NJ 07601 | | | |
| Secretary | | | | |
| Address: | | | | |
| Treasurer | Gary G. Gemignani | | | |
| | One University Plaza, Suite 307 Hackensack, NJ 07601 | | | |
| | If necessary, yangay attach, an addendum to the application listing additional officers and/or | director | rs. | |
| 13 | AA | | | |
| The offic are true a | Signature of Director or Officer cer or director signing this document (and who is listed in number 12 above) affirms that the faund that he or she is aware that false information submitted in a document to the Department of tree felony as provided for in s.817.155, F.S. | | | |
| 14, | (Typed or printed name and capacity of person signing application) | | | |

Delaware

DACE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF THE DELAWARE, DO HEREBY CERTIFY "CHAMPIONS ONCOLOGY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHAMPIONS ONCOLOGY, INC." WAS INCORPORATED ON THE FOURTH DAY OF JUNE, A.D. 1985.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

2063377 8300

121152737

AUTHENTY CATION: 9933993

DATE: 10-22-12

You may varify this cartificate onlin at corp.delaware.gov/authver.shtml