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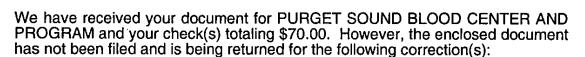
#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2014

BARBARA A. KONKLE, MD 921 TERRY AVENUE SEATTLE, WA 98104

SUBJECT: PURGET SOUND BLOOD CENTER AND PROGRAM

Ref. Number: W14000051182



You failed to make the correction(s) requested in our previous letter.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please remove the additional wording from your corporations name.(a Washington State Nonprofit Corporation),

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 314A00017987

## **COVER LETTER**

	v Filing Section ision of Corporations		
SUBJECT	District Council District On	enter and Program, I	nc.
SODJECT		ration - must include suffix	
Dear Sir or N	Madam:		
Affairs in Fl	d "Application by Foreign Not for Porida", "Certificate of Existence", of the bove referenced not for profit corporates.	r "Certificate of Status" and c	heck are submitted to
Please return	all correspondence concerning this	s matter to the following:	
	Barbara A. Konkle, Director o	f Clinical and Translational	Research
	Nan	ne of Person	<del></del>
	Puget Sound Blood Center a	and Program	
	Fir	m/Company	
	921 Terry Avenue		
			<u></u>
		Address	<u> </u>
	Seattle, WA 98104		
	City/Sta	te and Zip Code	
	BarbaraK@psbc.org		
	E-mail address: (to be used f	or future annual report notific	eation)
For further in	nformation concerning this matter, p	olease call:	
Barbara A	a. Konkle, M.D.	206 689-6191	
	Name of Person	Area Code & Daytime To	elephone Number
MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a	check for the following amount:		
■ \$70.00 Fi vith original	Contificate of Ctatu	□\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee Certificate of Sta Certified Copy

# APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

Puget Sound Blood Center and Program, Inc.	
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. Washington 3. 91-1019655	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. December 1977  (Date of Incorporation)  5. perpetual  (Duration: Year corp. will cease to exist or "perpetual")	
6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)	
7. Puget Sound Blood Center, 921 Terry Ave, Seattle WA 98072	
(Principal office address)	
Puget Sound Blood Center, 921 Terry Ave, Seattle WA 98072	•
(Current mailing address)	
The corporation is exclusively organized for charitable, educational and scientific purposes under Section 501c3 of the Internal Revenue Code	_
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	14
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	CALLERY OF THE PARTY OF T
Name: CT Corporation System	
Name: CT Corporation System  Office Address: 1200 South Pine Island Road	
Plantation , Florida FL 33324	
(City) (Zip Code)	
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.	? I
James D. Martin Asst. Vice President  (Registered agent's signature)	
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application 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.	to

12. Names and addresses of officers and/or directors

## A. DIRECTORS

Chairman:_	Nancy Sclater
Address:	Puget Sound Blood Center
-11	921 Terry Avenue, Seattle WA 98072
Vice Chairn	nan: Meredith Matthews, MD
Address:	Puget Sound Blood Center
	921 Terry Avenue, Seattle WA 98072
Director:	
Address:	
	please see attachments for complete list of Directors
Director:	
Address:	
B. OFFIC	CERS
President:	James P. AuBuchon, MD, President and CEO
Address: <u>F</u>	Puget Sound Blood Center
	921 Terry Avenue, Seattle WA 98072
Vice Preside	ent:
Address:	
***	
Secretary:	Alexa Zepeda
Address:	Puget Sound Blood Center, 921 Terry Avenue, Seattle WA 98072
Treasurer:	Robert Gleason, CFO
Address:P	Puget Sound Blood Center, 921 Terry Avenue, Seattle WA 98072
	necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. <u>R</u>	obert J. Gleason, CFO (Typed or printed name and capacity of person signing application)
	(Typed of printed name and capacity of person signing application)

## **Puget Sound Blood Center Board of Trustees**

### **Corporate Officers:**

Title	Fuli Name	Address	Phone Number	Ownership
President and CEO	James P. AuBuchon, MD	PSBC, 921 Terry Ave, Seattle WA 98104	(206) 689-6600	0%
Treasurer	Robert J. Gleason	PSBC, 921 Terry Ave, Seattle WA 98104	(206) 689-6680	0%
Secretary	Alexa Zepeda	PSBC, 921 Terry Ave, Seattle WA 98104	(206) 689-6644	0%

#### **Voluntary Board members:**

Title	Full Name	Address	Phone Number	Ownership
Chair	Nancy Sclater	PSBC, 921 Terry Ave, Seattle WA 98104	(206) 689-2500	0%
Vice Chair	Meredith Mathews, MD	PSBC, 921 Terry Ave, Seattle WA 98104	(206) 689-2500	0%
	Frederick Appelbaum, MD	PSBC, 921 Terry Ave, Seattle WA 98104	(206) 689-2500	0%
	Katerie Chapman	PSBC, 921 Terry Ave, Seattle WA 98104	(206) 689-2500	0%
	Victor Collymore, MD	PSBC, 921 Terry Ave, Seattle WA 98104	(206) 689-2500	0%
	Kent Fisher	PSBC, 921 Terry Ave, Seattle WA 98104	(206) 689-2500	0%
	Jane A. Gross, PhD	PSBC, 921 Terry Ave, Seattle WA 98104	(206) 689-2500	0%
	William Hammond, MD	PSBC, 921 Terry Ave, Seattle WA 98104	(206) 689-2500	0%
	Mohit Kathuria	PSBC, 921 Terry Ave, Seattle WA 98104	(206) 689-2500	0%
	David H. Kosloff	PSBC, 921 Terry Ave, Seattle WA 98104	(206) 689-2500	0%
	Penelope J. Lie	PSBC, 921 Terry Ave, Seattle WA 98104	(206) 689-2500	0%
	W. Conrad Liles, MD, PhD	PSBC, 921 Terry Ave, Seattle WA 98104	(206) 689-2500	0%
	Eric Mendelsohn	PSBC, 921 Terry Ave, Seattle WA 98104	(206) 689-2500	0%
	Deborah Milter	PSBC, 921 Terry Ave, Seattle WA 98104	(206) 689-2500	0%
	Steve Nicholes	PSBC, 921 Terry Ave, Seattle WA 98104	(206) 689-2500	0%
	Mark Quehrn	PSBC, 921 Terry Ave, Seattle WA 98104	(206) 689-2500	0%
	Robert C. Wallace	PSBC, 921 Terry Ave, Seattle WA 98104	(206) 689-2500	0%
	Glenn Wisegarver	PSBC, 921 Terry Ave, Seattle WA 98104	(206) 689-2500	0%



I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE/AUTHORIZATION OF PUGET SOUND BLOOD CENTER AND PROGRAM

I FURTHER CERTIFY that the records on file in this office show that the above named Nonprofit Public Benefit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 12/19/1977.

I FURTHER CERTIFY that as of the date of this certificate, PUGET SOUND BLOOD CENTER AND PROGRAM remains active and has complied with the filing requirements of this office.

Date: August 5, 2014

UBI: 601-141-555

KINT .

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State