No. C 191335		Due no later than Jun 30, 2015		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			TARYN MAGRINI 4696 OVERLAND RD STE 234 BOISE ID 83705			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. NATIONAL HEMOPHILIA FOUNDATION (THE) KARINA LOPEZ 7 PENN PLAZA 1204						
				BOISE ID 6	BOISE ID 63/03			
				3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		NEW YORK NY 10001 USA						
4. Corporations: Enter Na	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	CAROL SIMMONETTI		7 PENN PLAZA SUITE 1204	NEW YORK	NY	USA	10001	
TREASURER BRIAN ANDRI			7 PENN PLAZA SUITE 1204	NEW YORK	NY	USA	10001	
PRESIDENT	JORGE DE LA RIVA		7 PENN PLAZA SUITE 1204	NEW YORK	NY	USA	10001	
VICE PRESIDENT	ICE PRESIDENT KENETH TRADER		7 PENN PLAZA SUITE 1204	NEW YORK	NY	USA	10001	
5. Organized Under the Laws of: 6. Ann		6. Annual Repor	t must be signed.*					
NY		Signature: Jordana Zeger			Date: 04/21/2015			
C 191335		Name (type or print): Jordana Zeger			Title: COO			
Processed 04/21/2015		* Electronically provided signatures are accepted as original signatures.						