

1.) CORPORATION NAME:

DUE DATE: **3/31/2014**

DKMS Americas

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1922212**

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 Broadway 6th Floor

CITY/ST/ZIP: NEW YORK, NY 10005

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	PETER HARF	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	166 DUANE STREET		
CITY/ST/ZIP/CO:	APT 5B NEW YORK, NY 10013		
NAME:	KATHARINA HARF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	405 BROADWAY #5		
CITY/ST/ZIP/CO:	NEW YORK, NY 10013		
NAME:	DR. RICHARD CHAMPLIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3733 MEADOW LAKE LANE		
CITY/ST/ZIP/CO:	HOUSTON, TX 77027		
NAME:	ANDREA REIMANN CIARDELLI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7 BALCH HILL LANE		
CITY/ST/ZIP/CO:	HANOVER, NH 03755		
NAME:	ALEJANDRO SANTO DOMINGO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	499 PARK AVENUE 24TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		
NAME:	Claudia Rutt	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	Rispenweg 15		
CITY/ST/ZIP/CO:	Cologne, 50933 , DE		

NAME: Christopher Kuthan TITLE: CEO ADDRESS: 44 Jessica Way CITY/ST/ZIP/CO: South Orange, NJ 07079	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Sergio Pedreiro TITLE: DIRECTOR ADDRESS: 601 Lake Ave CITY/ST/ZIP/CO: Greenwich, CT 06830	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ PETER HARF	PETER HARF, TREASURER	2/18/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.