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| 1.) CORPORATION NAME: DKMS Americas | DUE DATE: 3/31/2016 |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA | SCC ID NO: F1922212 |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY | 5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 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.

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|---|---|--|--|
| NAME: SIRKO GEIST | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
| TITLE: TREASURER | | | |
| ADDRESS: AM UNENFIELD 182 01157 DRESDEN, GERMANY | | | |
| CITY/ST/ZIP/CO: , , FN | | | |

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|--|---|--|--|
| NAME: ALEXANDER SCHMIDT | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
| TITLE: CHAIR OF BD | | | |
| ADDRESS: LESCHEERSHASSE 25 72072 TUEBIRGEN, GERMANY | | | |
| CITY/ST/ZIP/CO: , , FN | | | |

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|---|---|-----------------------------------|--|
| NAME: HENRIETTA STOTZ | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | |
| TITLE: SECRETARY | | | |
| ADDRESS: ASHBURNHAM HOUSE HORTIULLTURAL PARK CHISIWICK, LONDON W44BY | | | |
| CITY/ST/ZIP/CO: , , FN | | | |

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|---|----------------------------------|--|--|
| NAME: KATHARINO HARF | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
| TITLE: DIRECTOR | | | |
| ADDRESS: 3555 MANSFIELD AVENUE LOS ANGELES, CA 90036 | | | |
| CITY/ST/ZIP/CO: | | | |

| | | | |
|---|----------------------------------|--|--|
| NAME: CARINA ORTEL | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
| TITLE: DIRECTOR | | | |
| ADDRESS: 100 BROADWAY 6TH FLOOR NEW YORK, NY 10005 | | | |
| CITY/ST/ZIP/CO: | | | |

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/ ALEXANDER SCHMIDT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | ALEXANDER SCHMIDT, CHAIR OF BD PRINTED NAME AND CORPORATE TITLE | 3/30/2016 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.