



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
Business Filings
P.O. Box 718,
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Assumed Name
(Domestic or Foreign Business Entity)

ASN

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: NYBCe

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

New York Blood Center, Inc.

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

- ☐ a Domestic General Partnership
- ☐ a Domestic Limited Liability Partnership
- ☐ a Domestic Limited Partnership
- ☐ a Domestic Business Trust
- ☐ a Domestic Corporation
- ☐ a Domestic Limited Liability Company
- ☐ a Domestic Statutory Trust
- ☐ a Domestic Limited Cooperative Association
- ☐ a Domestic Unincorporated Non-profit Association

- ☐ a Foreign General Partnership
- ☐ a Foreign Limited Liability Partnership
- ☐ a Foreign Limited Partnership
- ☐ a Foreign Business Trust
- ☒ a Foreign Corporation
- ☐ a Foreign Limited Liability Company
- ☐ a Foreign Statutory Trust
- ☐ a Foreign Limited Cooperative Association
- ☐ a Foreign Unincorporated Non-profit Association

4. The business is organized and existing in the state or country of NY

5. The mailing address is:

310 East 67th Street New York NY 10065

Street Address or Post Office Box Numbers City State Zip

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Authorized Party Signature Printed Name Title Date

Jordana G. Schwartz SVP, General Counsel 11/13/23