

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002660

**FILED**  
**May 01, 2013**  
**Secretary of State**  
**CC7614343739**

**Entity Name:** THE ONE CAMPAIGN INCORPORATED

**Current Principal Place of Business:**

1400 EYE STREET NW SUITE 600  
WASHINGTON, DC 20005

**Current Mailing Address:**

1400 EYE STREET NW SUITE 600  
WASHINGTON, DC 20005

**FEI Number:** 01-0593565

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title C  
Name FRESTON, TOM  
Address 1400 EYE STREET NW SUITE 600  
City-State-Zip: WASHINGTON DC 20005

Title D  
Name BUFFET, SUSIE  
Address 1400 EYE STREET NW SUITE 600  
City-State-Zip: WASHINGTON DC 20005

Title D  
Name DOERR, JOHN  
Address 1400 EYE STREET NW SUITE 600  
City-State-Zip: WASHINGTON DC 20005

Title P  
Name LANE, DAVID  
Address 1400 EYE STREET NW SUITE 600  
City-State-Zip: WASHINGTON DC 20005

Title S  
Name WEBER, KENNETH  
Address 1400 EYE STREET NW SUITE 600  
City-State-Zip: WASHINGTON DC 20005

Title T  
Name JENNIFER, HOERL  
Address 1400 EYE STREET NW SUITE 600  
City-State-Zip: WASHINGTON DC 20005

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID LANE

**PRESIDENT**

**05/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date