

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002660

FILED
Apr 23, 2015
Secretary of State
CC7051249627

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 CHAIRMAN OF THE BOARD
Name FRESTON, TOM
Address 1400 EYE STREET NW SUITE 600
City-State-Zip: WASHINGTON DC 20005

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

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

Title PRESIDENT AND CEO
Name ELLIOTT, MICHAEL
Address 1400 EYE STREET NW SUITE 600
City-State-Zip: WASHINGTON DC 20005

Title EXECUTIVE DIRECTOR
Name DRUMMOND, JAMIE
Address 1400 EYE STREET NW SUITE 600
City-State-Zip: WASHINGTON DC 20005

Title COO, SECRETARY, TREASURER
Name LUIS, GUARDIA
Address 1400 EYE STREET NW SUITE 600
City-State-Zip: WASHINGTON DC 20005

Title DIRECTOR
Name HEWSON, PAUL
Address 1400 16TH STREET NW, SUITE 330
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name SHIVER, BOBBY
Address 1400 16TH STREET NW, SUITE 330
City-State-Zip: WASHINGTON DC 20036

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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: LUIS GUARDIA

COO

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HALPERIN, MORT
Address 1400 16TH STREET NW, SUITE 330
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name GAYLE, HELENE
Address 1400 16TH STREET NW, SUITE 330
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name OKONJO-IWEALA, NGOZI
Address 1400 EYE STREET NW SUITE 600
City-State-Zip: WASHINGTON DC 20005

Title DIRECTOR
Name SANDBERG, SHERYL
Address 1400 EYE STREET NW SUITE 600
City-State-Zip: WASHINGTON DC 20005

Title DIRECTOR
Name SUMMERS, LARRY
Address 1400 EYE STREET NW SUITE 600
City-State-Zip: WASHINGTON DC 20005

Title DIRECTOR
Name CERRELL, JOE
Address 1400 EYE STREET NW SUITE 600
City-State-Zip: WASHINGTON DC 20005

Title DIRECTOR
Name SHEEKEY, KEVIN
Address 1400 16TH STREET NW, SUITE 330
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name IBRAHIM, MO
Address 1400 EYE STREET NW SUITE 600
City-State-Zip: WASHINGTON DC 20005

Title DIRECTOR
Name BOLTEN, JOSH
Address 1400 EYE STREET NW SUITE 600
City-State-Zip: WASHINGTON DC 20005

Title DIRECTOR
Name RICE, CONDOLEEZZA
Address 1400 EYE STREET NW SUITE 600
City-State-Zip: WASHINGTON DC 20005

Title DIRECTOR
Name BUFFETT, HOWARD
Address 1400 EYE STREET NW SUITE 600
City-State-Zip: WASHINGTON DC 20005

Title DIRECTOR
Name RAIKES, JEFF
Address 1400 EYE STREET NW SUITE 600
City-State-Zip: WASHINGTON DC 20005