

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P29443

**Entity Name:** OXFAM-AMERICA, INC.**Current Principal Place of Business:**226 CAUSEWAY ST.  
5TH FLOOR  
BOSTON, MA 02114**Current Mailing Address:**226 CAUSEWAY ST.  
5TH FLOOR  
BOSTON, MA 02114**FEI Number:** 23-7069110**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BROWN, MS. STACY DANIEL  
110 SHEPHERD TRAIL  
LONGWOOD, FL 32752-0632 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	D
Name	DOWN, JAMES
Address	20 CABOT ST.
City-State-Zip:	WINCHESTER MA 02114

Title	P
Name	OFFENHEISER, RAYMOND
Address	26 WEST ST.
City-State-Zip:	BOSTON MA 02111

Title	TS
Name	HAMILTON, JOE
Address	26 WEST ST
City-State-Zip:	BOSTON MA 02111

Title	D
Name	BROWN, DAVID
Address	151 TREMONT ST
City-State-Zip:	BOSTON MA 02111

Title	D
Name	BECKER, ELIZABETH
Address	26 WEST STREET
City-State-Zip:	BOSTON MA 02111

Title	CFO
Name	KRIPP, MARK DR.
Address	226 CAUSEWAY ST
City-State-Zip:	BOSTON MA 02114

Title	CHAIRMAN
Name	LOUGHREY, JOE
Address	226 CAUSEWAY ST. 5TH FLOOR
City-State-Zip:	BOSTON MA 02114

*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:** MARK KRIPP

CFO

03/07/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date