2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# P29443

Entity Name: OXFAM-AMERICA, INC.

Current Principal Place of Business:

226 CAUSEWAY ST.
5TH FLOOR
BOSTON, MA 02114

New Principal Place of Business:

Current Mailing Address:

226 CAUSEWAY ST.
5TH FLOOR
BOSTON, MA 02114

New Mailing Address:

FEI Number: 23-7069110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROWN, MS. STACY DANIEL
110 SHEPHERD TRAIL
LONGWOOD, FL 327520632 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DOWN, JAMES
Address: 20 CABOT ST.
City-St-Zip: WINCHESTER, MA

Title: P ( ) Delete
Name: OFFENHEISER, RAYMOND
Address: 26 WEST ST.
City-St-Zip: BOSTON, MA 02111

Title: TS ( ) Delete
Name: KAPIL, JAIN
Address: 26 WEST ST
City-St-Zip: BOSTON, MA 02111

Title: D ( ) Delete
Name: BROWN, DAVID
Address: 151 TREMONT ST
City-St-Zip: BOSTON, MA 02111

Title: DC ( ) Delete
Name: MCKINLEY, JANET
Address: 26 WEST STREET
City-St-Zip: BOSTON, MA 02111

Title: D ( ) Delete
Name: ATKINS, CHESTER
Address: 1540 MONUMENT ST
City-St-Zip: CONCORD, MA 01742

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DOWN, JAMES
Address: 20 CABOT ST.
City-St-Zip: WINCHESTER, MA 02114

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change ( ) Addition
Name: HAMILTON, JOE
Address: 26 WEST ST
City-St-Zip: BOSTON, MA 02111

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LINDA NICHOLS GL 03/20/2009

Electronic Signature of Signing Officer or Director — Date