

1.) CORPORATION NAME: OXFORD HOUSE, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD SUITE 301 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: DE	DUE DATE: 5/31/2013 SCC ID NO: F1032657 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1010 WAYNE AVENUE SUITE 300 CITY/ST/ZIP: SILVER SPRING, MD 20910	
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7.) DIRECTORS AND PRINCIPAL OFFICERS:	All directors and principal officers must be listed. An individual may be designated as both a director and an officer.
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NAME: JUDY O'HARA TITLE: TREASURER ADDRESS: 3400 MCKINLEY STREET CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: JERRY CONLEN TITLE: CHAIRMAN ADDRESS: 1026 S KNIGHT STREET CITY/ST/ZIP/CO: PARK RIDGE, IL 60068	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: JAMES MCCLAIN TITLE: VICE CHAIRMAN ADDRESS: 6102 ARMOR DRIVE CITY/ST/ZIP/CO: CLINTON, MD 20735	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: MOLLIE BROWN TITLE: SECRETARY ADDRESS: 1172 MAIN STREET CITY/ST/ZIP/CO: LITTLE MOUNTAIN, SC 29075	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JUDY O'HARA	JUDY O'HARA, TREASURER	4/8/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.