

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214513506

1.) CORPORATION NAME:

**Xoom Corporation**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER  
1111 EAST MAIN ST 16TH FL**

SCC ID NO: **F1925090**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000,000
PREFER	25,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 BUSH ST STE 300

CITY/ST/ZIP: SAN FRANCISCO, CA 94104

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.

NAME: JOHN KUNZE  
 TITLE: PRESIDENT  
 ADDRESS: 100 BUSH ST STE 300  
 CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94104

OFFICER

DIRECTOR

NAME: CHRISTOPHER G FERRO  
 TITLE: VICE PRESIDENT  
 ADDRESS: 100 BUSH ST STE 300  
 CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94104

OFFICER

DIRECTOR

NAME: RYNO BIGNAUT  
 TITLE: TREA  
 ADDRESS: 100 BUSH ST STE 300  
 CITY/ST/ZIP/CO: SN FRANCISCO, CA 94104

OFFICER

DIRECTOR

NAME: ROELOF BOTHA  
 TITLE: DIRECTOR  
 ADDRESS: 100 BUSH ST STE 300  
 CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94104

OFFICER

DIRECTOR

NAME: C RICHARD KRAMLICH  
 TITLE: DIRECTOR  
 ADDRESS: 100 BUSH ST STE 300  
 CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94104

OFFICER

DIRECTOR

NAME: Anne Mitchell  
 TITLE: DIRECTOR  
 ADDRESS: 100 Bush Street  
 Suite 300  
 CITY/ST/ZIP/CO: San Francisco, CA 94104

OFFICER

DIRECTOR

NAME: Kevin Hartz TITLE: DIRECTOR ADDRESS: 100 Bush Street Suite 300 CITY/ST/ZIP/CO: San Francisco, CA 94104	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Keith Rabois TITLE: DIRECTOR ADDRESS: 100 Bush Street Suite 300 CITY/ST/ZIP/CO: San Francisco, CA 94104	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Alison Davis TITLE: DIRECTOR ADDRESS: 100 Bush Street Suite 300 CITY/ST/ZIP/CO: San Francisco, CA 94104	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Matthew Roberts TITLE: DIRECTOR ADDRESS: 100 Bush Street Suite 300 CITY/ST/ZIP/CO: San Francisco, CA 94104	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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.		
<u>/s/ CHRISTOPHER G FERRO</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CHRISTOPHER G FERRO, VICE PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>3/13/2014</u> 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.		