

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# F00000004069

Entity Name: EXPEDITIONARY LEARNING OUTWARD BOUND, INC.

Current Principal Place of Business:

100 MYSTERY POINT ROAD
GARRISON, NY 105249757 US

New Principal Place of Business:

Current Mailing Address:

100 MYSTERY POINT ROAD
GARRISON, NY 105249757 US

New Mailing Address:

FEI Number: 06-1576405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: C/D () Delete
Name: KLINGENSTEIN, LEE
Address: 31 OXFORD ROAD
City-St-Zip: SCARSDALE, NY 10583 US

Title: P/D () Delete
Name: FARRELL, GREG
Address: 100 MYSTERY POINT ROAD
City-St-Zip: GARRISON, NY 10524 US

Title: T/D () Delete
Name: FRANCY, PATRICIA
Address: 1700 BROADWAY, 10TH FLOOR
City-St-Zip: NEW YORK, NY 10019 US

Title: D () Delete
Name: WORDEN, VIRGINIA
Address: 114 HOBART AVENUE
City-St-Zip: SUMMIT, NJ 07901 US

Title: D () Delete
Name: GABLE, ROBERT
Address: 35 SUNSET ROCK ROAD
City-St-Zip: ANDOVER, MA 01810 US

Title: D () Delete
Name: GROSSMAN, ALLEN
Address: 33 RESERVOIR STREET
City-St-Zip: CAMBRIDGE, MA 02138 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T/D (X) Change () Addition
Name: RIEDER, CORINNE DR.
Address: 55 E. 59TH STREET, 16TH FLOOR
City-St-Zip: NEW YORK, NY 100221178 US

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 for the exemption stated in Section 119.07(3)(i), 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: GREG FARRELL

P/D

04/26/2005

Electronic Signature of Signing Officer or Director

Date