

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004069

FILED
Mar 15, 2012
Secretary of State

Entity Name: EXPEDITIONARY LEARNING OUTWARD BOUND, INC.

Current Principal Place of Business:

247 W 35TH STREET
8TH FLOOR
NEW YORK, NY 10001 US

New Principal Place of Business:

Current Mailing Address:

247 W 35TH STREET
8TH FLOOR
NEW YORK, NY 10001 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.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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
Name: WORDEN, VIRGINIA H
Address: 247 W 35TH STREET
City-St-Zip: NEW YORK, NY 10001 US

Title: CFO
Name: LAWKINS, STEPHANIE
Address: 247 W 35TH STREET
City-St-Zip: NEW YORK, NY 10001 US

Title: PD
Name: HARTL, SCOTT
Address: 247 W 35TH STREET
City-St-Zip: NEW YORK, NY 10001 US

Title: SCOO
Name: VAN WINKLE, TOM
Address: 247 W 35TH STREET
City-St-Zip: NEW YORK, NY 10001

Title: CPO
Name: BERGER, RON
Address: 247 W 35TH STREET
City-St-Zip: NEW YORK, NY 10001

Title: CGO
Name: MENGEL, SCOTT
Address: 247 W 35TH STREET
City-St-Zip: NEW YORK, NY 10001

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: STEPHANIE LAWKINS

CFO

03/15/2012

Electronic Signature of Signing Officer or Director

_____ Date