

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000004069

FILED  
Apr 30, 2003  
Secretary of State

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.  
526 E. PARK AVE.  
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/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: FRANCHOT, DOUG  
Address: 810 LAKE STREET EAST  
City-St-Zip: WAYZATA, MN 553911837 US

Title: D ( ) Delete  
Name: GABLE, ROBERT  
Address: 800 TURNPIKE STREET, SUITE 300  
City-St-Zip: NORTH ANDOVER, MA 01845 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

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

04/30/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date