

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005624

FILED
Apr 15, 2009
Secretary of State

Entity Name: ELDERHOSTEL, INC.

Current Principal Place of Business:

11 AVENUE DE LAFAYETTE
BOSTON, MA 02111

New Principal Place of Business:

Current Mailing Address:

11 AVENUE DE LAFAYETTE
BOSTON, MA 02111

New Mailing Address:

FEI Number: 04-2632526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICES COMPANY
1201 HAYS STREET
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: AT () Delete
Name: PARTRIDGE, LOWELL
Address: 11 AVENUE DE LAFAYETTE
City-St-Zip: BOSTON, MA 02111

Title: P () Delete
Name: MOSES, JAMES CEO
Address: 11 AVENUE DE LAFAYETTE
City-St-Zip: BOSTON, MA 02111

Title: CD () Delete
Name: KRINSKY, ROBERT
Address: 11 AVENUE DE LAFAYETTE
City-St-Zip: BOSTON, MA 02111

Title: TD () Delete
Name: STAHL, DAVID
Address: 11 AVENUE DE LAFAYETTE
City-St-Zip: BOSTON, MA 02111

Title: D () Delete
Name: ALDRIDGE, ALEXANDRA
Address: 11 AVENUE DE LAFAYETTE
City-St-Zip: BOSTON, MA 02111

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AT (X) Change () Addition
Name: PARTRIDGE, LOWELL CFO
Address: 11 AVENUE DE LAFAYETTE
City-St-Zip: BOSTON, MA 02111

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

Title: CD (X) Change () Addition
Name: WILLEN, SANDRA M
Address: 11 AVENUE DE LAFAYETTE
City-St-Zip: BOSTON, MA 02111

Title: TD (X) Change () Addition
Name: COBLENTZ, JOHN
Address: 11 AVENUE DE LAFAYETTE
City-St-Zip: BOSTON, MA 02111

Title: S (X) Change () Addition
Name: CURL II, JOSEPH
Address: 11 AVENUE DE LAFAYETTE
City-St-Zip: BOSTON, MA 02111

Title: VCD () Change (X) Addition
Name: DAVIS, JEFFREY
Address: 11 AVENUE DE LAFAYETTE
City-St-Zip: BOSTON, MA 02111

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LOWELL PARTRIDGE

AT

04/15/2009

Electronic Signature of Signing Officer or Director

Date