

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005624

FILED
Apr 18, 2012
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:

BOARDMAN, CHARLES C ED.D.
2086 GARY CT
PALM HARBOR, FL 34683 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
Name: PARTRIDGE, LOWELL CFO
Address: 11 AVENUE DE LAFAYETTE
City-St-Zip: BOSTON, MA 02111

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

Title: T
Name: WILLEN, SANDRA M
Address: 11 AVENUE DE LAFAYETTE
City-St-Zip: BOSTON, MA 02111

Title: VCD
Name: FUCCILLO, RALPH
Address: 11 AVENUE DE LAFAYETTE
City-St-Zip: BOSTON, MA 02111

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

Title: CD
Name: DAVIS, JEFFREY
Address: 11 AVENUE DE LAFAYETTE
City-St-Zip: BOSTON, MA 02111

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: LOWELL PARTRIDGE

AT

04/18/2012

Electronic Signature of Signing Officer or Director

_____ Date