


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90269 025 ****61.25

DOCUMENT # F95000002179 1. Entity Name AMERICAN YOUTH HOSTELS, INC.					
Principal Place of Business 8401 COLESVILLE RD. SUITE 600 SILVER SPRING, MD 20910 US			Mailing Address 8401 COLESVILLE RD. SUITE 600 SILVER SPRING, MD 20910 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 13-5639689			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BARRETT, BETH 1056 PETAL CT. ORLANDO, FL 32818				7. Name and Address of New Registered Agent - Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAIL HESSE		NAME	GLENN AZUMA	
STREET ADDRESS	1033 MICHIGAN AVE.		STREET ADDRESS	3445 HARRISON STREET	
CITY-ST-ZIP	COLUMBUS, OH 43201		CITY-ST-ZIP	EVANSTON, IL 60201	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOEPFEL, WALTER		NAME		
STREET ADDRESS	8401 COLESVILLE ROAD, # 600		STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRING, MD 20910		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	ASSISTANT SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSS HEDGE		NAME		
STREET ADDRESS	8401 COLESVILLE RD. #600		STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRING, MD 20910		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	ASSISTANT TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINKLE, ANNETTE		NAME		
STREET ADDRESS	8401 COLESVILLE RD., #600		STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRING, MD 20910		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUSID, JOEL		NAME		
STREET ADDRESS	914 CANAL STREET		STREET ADDRESS		
CITY-ST-ZIP	IRVING, TX 75063		CITY-ST-ZIP		
TITLE	ASDO	<input type="checkbox"/> Delete	TITLE	ASSISTANT SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANZ, BLAINE		NAME		
STREET ADDRESS	124 SOUTH MAIN STREET, SUITE # 5		STREET ADDRESS		
CITY-ST-ZIP	GRANVILLE, OH 43023		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <i>Ann Hinkle</i>		ANNETTE HINKLE		1/4/2006 301 495 1248	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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