


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90206 018 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-5639689	
Zip		Country		City	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARRETT, BETH 1056 PETAL CT. ORLANDO, FL 32818			Name Street Address (P.O. Box Number is Not Acceptable) City		
BARRETT, BETH 1056 PETAL CT. ORLANDO, FL 32818			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 _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME AZUMA, GLENN	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3445 HARRISON ST	CITY-ST-ZIP EVANSTON, IL 60201		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD	NAME KNOEPFEL, WALTER	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 8401 COLESVILLE ROAD, # 600	CITY-ST-ZIP SILVER SPRING, MD 20910		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AS	NAME RUSS HEDGE	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 8401 COLESVILLE RD. #600	CITY-ST-ZIP SILVER SPRING, MD 20910		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AT	NAME HINKLE, ANNETTE	<input type="checkbox"/> Delete	NAME KOHN, Robert	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 8401 COLESVILLE RD., #600	CITY-ST-ZIP SILVER SPRING, MD 20910		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD	NAME CHUSID, JOEL	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 914 CANAL STREET	CITY-ST-ZIP IRVING, TX 75063		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AS	NAME FRANZ, BLAINE	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 124 SOUTH MAIN STREET, SUITE # 5	CITY-ST-ZIP GRANVILLE, OH 43023		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Robert W. Kohn</i> Robert W. Kohn			Assistant Treasurer		
Date			Daytime Phone #		