

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002179

FILED
Jan 06, 2009
Secretary of State

Entity Name: AMERICAN YOUTH HOSTELS, INC.

Current Principal Place of Business:

8401 COLESVILLE RD.
SUITE 600
SILVER SPRING, MD 20910 US

New Principal Place of Business:

Current Mailing Address:

8401 COLESVILLE RD.
SUITE 600
SILVER SPRING, MD 20910 US

New Mailing Address:

FEI Number: 13-5639689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRETT, BETH
1056 PETAL CT.
ORLANDO, FL 32818 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: PD () Delete
Name: AZUMA, GLENN
Address: 3445 HARRISON ST
City-St-Zip: EVANSTON, IL 60201

Title: VD () Delete
Name: POWERS, ANE
Address: 8401 COLESVILLE ROAD, # 600
City-St-Zip: SILVER SPRING, MD 20910

Title: AS () Delete
Name: RUSS HEDGE,
Address: 8401 COLESVILLE RD. #600
City-St-Zip: SILVER SPRING, MD 20910

Title: AT () Delete
Name: KOHN, ROBERT
Address: 8401 COLESVILLE RD., #600
City-St-Zip: SILVER SPRING, MD 20910

Title: TD () Delete
Name: KIMBLE, THOMAS
Address: 8401 COLESVILLE RD, #600
City-St-Zip: SILVER SPRING, MD 20910

Title: AS () Delete
Name: FRANZ, BLAINE
Address: 124 SOUTH MAIN STREET, SUITE # 5
City-St-Zip: GRANVILLE, OH 43023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SKENDER, MARK
Address: 8401 COLESVILLE RD, #600
City-St-Zip: SILVER SPRING, MD 20910

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

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: ROBERT W KOHN

AT

01/06/2009

Electronic Signature of Signing Officer or Director

Date