FILE NOW: FILING FEE IS \$61.25 NONPROFIT FLORIDA DEPARTMENT C STATE CORPORATION Sandra B. Morthan ANNUAL REPORT Secretary of Sta 1996 DIVISION OF CORPORATIONS N93000005235 (7) **DOCUMENT #** EASTWARD BOUND EDUCATION, INC. Principal Place of Business Mailing Address 402 HIGHBANK ROAD 402 HIGHBANK ROAD S. YARMOUTH MA 02664 S. YARMOUTH MA 02664 3. Date Incorporated or Qualified 3a. Date of Last Report 11/19/1993 05/01/1995 2. Principal Place of Business 2a. Mailing Address 26 407 402 4. FEI Number Highbank Highbank Rd Applied For 26 NOT APPLICABLE Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc 22 27 5. Certificate of Status Desired \$8.75 Additional Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, 2664 29 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROGERS, ANN Street Address (P.O. Box Number is Not Acceptable) 82 943 WATERSIDE LANE **BRADENTON FL 34209** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office farfilliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (12/95)THILE DELETE 1.1 TITLE NAMÉ PHILLIPOFF, JAMES Change ☐ Addition 12 NAME **402 HIGHBANK RD** STREET ADDRESS CR2E037 1.3 STREET ADDRESS S YARMOUTH MA CITY-ST-ZIP 1.4 CITY - ST - 2(P TITLE DELETE 2.1 TITLE NAME LARKIN, DANIEL Change ☐ Addition 22 NAME STREET ADDRESS 111 TUDOR RD 2.3 STREET ADDRESS CITY-SI-ZIP **ITHACA NY** 2. 4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE NAME GAON, SLOAN D Change Addition 3.2 NAME **62 EAST END AVENUE** STREET ADDRESS 3.3 STREET ADDRESS **NEW YORK NY** CHTY - ST - ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME ☐ Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP TITLE DELETE 5.1 TITLE NAME ☐ Change ■ Addition 121/5 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME Addition 6.2 NAME STREET ADDRESS ***61.25 6.3 STREET ADDRESS CITY-ST-ZIP **6** 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address. 6.4 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND THED ON PRINTED NAME OF

OFFICER OR DIRECTOR