

1.) CORPORATION NAME:

**Expeditionary Learning Outward Bound, Inc.**

DUE DATE: **4/30/2011**

SCC ID NO: **F1822388**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**NATIONAL REGISTERED AGENTS INC**

**4001 North Ninth Street, Suite 227**

**ARLINGTON, VA 22203**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 247 WEST 35TH STREET 8TH FLOOR

CITY/ST/ZIP: NEW YORK, NY 10001-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: SCOTT HARTL  
TITLE: PRESIDENT  
ADDRESS: 247 W. 35TH STREET  
CITY/ST/ZIP/CO: NEW YORK, NY 10001-

OFFICER

DIRECTOR

NAME: TOM VAN WINKLE  
TITLE: COO/SECRETARY  
ADDRESS: 247 WEST 35TH STREET 8TH FLOOR  
CITY/ST/ZIP/CO: NEW YORK, NY 10001-

OFFICER

DIRECTOR

NAME: STEPHANIE LAWKINS  
TITLE: CFO  
ADDRESS: 247 W. 35TH STREET  
CITY/ST/ZIP/CO: NEW YORK, NY 10001-

OFFICER

DIRECTOR

NAME: VIRINIA HILL WORDEN  
TITLE: DIRECTOR  
ADDRESS: 247 WEST 35TH STREET 8TH FLOOR  
CITY/ST/ZIP/CO: NEW YORK, NY 10001-

OFFICER

DIRECTOR

NAME: ROLAND S BARTH  
TITLE: DIRECTOR  
ADDRESS: 247 W. 35TH STREET  
CITY/ST/ZIP/CO: NEW YORK, NY 10001-

OFFICER

DIRECTOR

NAME:	GREG FARRELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	247 W. 35TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001-		
NAME:	ROBERT GABLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	247 W. 35TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001-		
NAME:	JUDITH E GLASER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	247 W. 35TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001-		
NAME:	LEE KLINGENSTEIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	247 W. 35TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001-		
NAME:	R. BRUCE RICH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	247 W. 35TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001-		
NAME:	CORRINE H RIEDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	247 W. 35TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001-		
NAME:	KURT L SCHMOKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	247 W. 35TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001-		
NAME:	IRWIN W SILVERBERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	247 W. 35TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001-		
NAME:	DOUGLAS T TANSILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	247 W. 35TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001-		
NAME:	HARRIET L WEISSMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	247 W. 35TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001-		

NAME: ALEANDRA BUCKLEY VORIS TITLE: DIRECTOR ADDRESS: 247 W. 35TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10001-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JOANNE K ZIESING TITLE: DIRECTOR ADDRESS: 247 W. 35TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10001-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ STEPHANIE LAWKINS	STEPHANIE LAWKINS, CFO	4/13/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.