

1.) CORPORATION NAME:

Expeditionary Learning Outward Bound, Inc.

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD,
SUITE 301**

SCC ID NO: **F1822388**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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GLEN ALLEN, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO 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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	247 W. 35TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001		

NAME:	RON BERGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CACo		
ADDRESS:	247 W. 3TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001		

NAME:	LILI BROWN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CAO		
ADDRESS:	247 W. 35TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001		

NAME:	STEPHANIE LAWKINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	247 W. 35TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001		

NAME:	TOM VAN WINKLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CPO/SECRETARY		
ADDRESS:	247 WEST 35TH STREET 8TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10001		

NAME:	ROLAND S BARTH	<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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREG FARRELL DIRECTOR 247 W. 35TH STREET NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT GABLE DIRECTOR 247 W. 35TH STREET NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUDITH E GLASER DIRECTOR 247 W. 35TH STREET NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEE KLINGENSTEIN DIRECTOR 247 W. 35TH STREET NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R. BRUCE RICH DIRECTOR 247 W. 35TH STREET NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CORRINE H RIEDER DIRECTOR 247 W. 35TH STREET NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KURT L SCHMOKE DIRECTOR 247 W. 35TH STREET NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IRWIN W SILVERBERG DIRECTOR 247 W. 35TH STREET NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS T TANSILL DIRECTOR 247 W. 35TH STREET NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALEXANDRA BUCKLEY VORIS DIRECTOR 247 W. 3TH STREET NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARRIET L WEISSMAN DIRECTOR 247 W. 35TH STREET NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: VIRINIA HILL WORDEN TITLE: DIRECTOR ADDRESS: 247 WEST 35TH STREET 8TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10001	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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	
NAME: Allen Grossman TITLE: DIRECTOR ADDRESS: 247 W 35th Street CITY/ST/ZIP/CO: New York, NY 10001	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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	4/2/2013
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.		