

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214522712

1.) CORPORATION NAME:

Expeditionary Learning Outward Bound, Inc.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1822388**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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/CEO		
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:	CAO		
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:	KEMI AKINSANYA-ROSE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
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:	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:	TODD GOMEZ 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:	ALLEN GROSSMAN 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:	TRACY RIESE 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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VIRINIA HILL WORDEN DIRECTOR 247 WEST 35TH STREET 8TH FLOOR NEW YORK, NY 10001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOANNE K ZIESING 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:	MARK CONRAD CSO 247 WEST 35TH STREET NEW YORK, NY 10001	<input checked="" type="checkbox"/> OFFICER	<input 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/ KEMI AKINSANYA-ROSE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KEMI AKINSANYA-ROSE, COO PRINTED NAME AND CORPORATE TITLE	4/29/2014 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.			