

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000002116

**Entity Name:** SERVICE TO SCHOOL INC.

**Current Principal Place of Business:**

300 3RD STREET  
SUITE 919  
SAN FRANCISCO, CA 94107

**Current Mailing Address:**

10908 COURTHOUSE ROAD  
SUITE 102-282  
FREDERICKSBURG, VA 22408 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name PERKINS, ADRIAN  
Address 9605 STRATMORE CIRCLE  
City-State-Zip: SHREVEPORT LA 71115

Title CEO  
Name EMMERT, ALEXANDER  
Address 300 3RD STREET  
SUITE 919  
City-State-Zip: SAN FRANCISCO CA 94107

Title DIRECTOR  
Name IVEY, ANNA  
Address 11845 W OLYMPIC BLVD  
SUITE 1100W  
City-State-Zip: LOS ANGELES CA 90064

Title DIRECTOR  
Name GIACOMAN, AUGUSTO  
Address 333 RECTOR PLACE #1201  
City-State-Zip: NEW YORK NY 10280

Title DIRECTOR  
Name CALFEE, DAVID  
Address 500 BUENA RD  
City-State-Zip: LAKE FOREST IL 60045

Title TREASURER  
Name POWELL, JOHN  
Address 300 3RD STREET  
SUITE 919  
City-State-Zip: SAN FRANCISCO CA 94107

Title COO  
Name SELBE, JOHN  
Address 300 3RD STREET  
SUITE 919  
City-State-Zip: SAN FRANCISCO CA 94107

Title DIRECTOR  
Name VOTEL, JOSEPH L.  
Address 1858 ANNIKA DRIVE NORTH  
City-State-Zip: LAKE ELMO MN 55042

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*I hereby 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 all other like empowered.*

**SIGNATURE:** TIMOTHY HSIA

**SECRETARY**

**04/08/2024**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name TAWIL, KHALIL  
Address 11 THE COURTYARD  
City-State-Zip: LOCUST VALLEY NY 11560

Title DIRECTOR  
Name SPIETH, ROBERT  
Address 829D CLAYTON AVENUE  
City-State-Zip: NASHVILLE TN 37204

Title DIRECTOR  
Name ANDERSON, MICHAEL  
Address 1213 11TH AVE N  
City-State-Zip: NASHVILLE TN 37208

Title DIRECTOR, SECRETARY  
Name HSIA, TIMOTHY  
Address 12820 SE 45TH PLACE  
City-State-Zip: BELLEVUE WA 98006