

2023 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 TREASURER
Name POWELL, JOHN
Address 300 3RD STREET
 SUITE 919
City-State-Zip: SAN FRANCISCO CA 94107

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

Title DIRECTOR
Name ANDERSON, MICHAEL
Address 1213 11TH AVE N,
City-State-Zip: NASHVILLE TN 32708

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

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

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

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

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

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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

04/18/2023

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

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