

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000000685

**FILED**  
**Apr 26, 2018**  
**Secretary of State**  
**CC5730087526**

**Entity Name:** EDUCATION NETWORKS OF AMERICA, INC.

**Current Principal Place of Business:**

618 GRASSMERE PARK DRIVE, SUITE 12  
NASHVILLE, TN 37211

**Current Mailing Address:**

618 GRASSMERE PARK DRIVE, SUITE 12  
NASHVILLE, TN 37211 US

**FEI Number:** 62-1805864

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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, PRESIDENT  
Name PIERCE, DAVID M.  
Address 618 GRASSMERE PARK DRIVE, SUITE 12  
City-State-Zip: NASHVILLE TN 37211

Title VP  
Name MILLER, REX  
Address 618 GRASSMERE PARK DRIVE, SUITE 12  
City-State-Zip: NASHVILLE TN 37211

Title AT  
Name CHAFFIN, WARD  
Address 618 GRASSMERE PARK DRIVE, SUITE 12  
City-State-Zip: NASHVILLE TN 37211

Title VP  
Name NELSON, GAYLE  
Address 618 GRASSMERE PARK DRIVE, SUITE 12  
City-State-Zip: NASHVILLE TN 37211

Title VP  
Name KELLOGG, LILLIAN  
Address 618 GRASSMERE PARK DRIVE, SUITE 12  
City-State-Zip: NASHVILLE TN 37211

Title DIRECTOR  
Name VOGEL, ANDREW  
Address 165 EAST 66TH STREET, APT 19B  
City-State-Zip: NEW YORK NY 10065

Title DIRECTOR  
Name SAMMELL, SEYMOUR  
Address 1796 EAST 4TH STREET  
City-State-Zip: BROOKLYN NY 11223

Title DIRECTOR  
Name ZELNICK, STRAUSS  
Address 115 EAST 67TH STREET, APT #9C  
City-State-Zip: NEW YORK NY 10065

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHRYN G. CONRAD

**SECRETARY**

**04/26/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SPORER, JASON  
Address 24 5TH AVENUE, APT 1212A  
City-State-Zip: NEW YORK NY 10003

Title ASSISTANT SECRETARY  
Name BRAUN, RUTH  
Address 618 GRASSMERE PARK DRIVE, SUITE 12  
City-State-Zip: NASHVILLE TN 37211

Title CFO  
Name CHANDOR, STEBBINS JR.  
Address 618 GRASSMERE PARK DRIVE, SUITE 12  
City-State-Zip: NASHVILLE TN 37211

Title SECRETARY  
Name CONRAD, KATHRYN G.  
Address 618 GRASSMERE PARK DRIVE, SUITE 12  
City-State-Zip: NASHVILLE TN 37211

Title DIRECTOR  
Name SCHELL, TED  
Address 510 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name IRVING, LARRY  
Address 2833 29TH ST., NW  
City-State-Zip: WASHINGTON DC 20008

Title SENIOR VICE PRESIDENT  
Name TURNER, MATTHEW  
Address 618 GRASSMERE PARK DRIVE, SUITE 12  
City-State-Zip: NASHVILLE TN 37211

Title VICE PRESIDENT AND CHIEF TECHNOLOGY OFFICER  
Name MCKERLEY, MICHAEL  
Address 618 GRASSMERE PARK DRIVE, SUITE 12  
City-State-Zip: NASHVILLE TN 37211