

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000000685

**FILED**  
**Mar 21, 2016**  
**Secretary of State**  
**CC3018706310**

**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:**

NRAI SERVICES, INC  
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 DP  
Name PIERCE, DAVID M.  
Address 618 GRASSMERE PARK DRIVE, SUITE 12  
City-State-Zip: NASHVILLE TN 37211

Title S  
Name SCHMIDT, JEAN C.  
Address 618 GRASSMERE PARK DRIVE, SUITE 12  
City-State-Zip: NASHVILLE TN 37211

Title AS  
Name HULL, AIMEE S.  
Address 618 GRASSMERE PARK DRIVE, SUITE 12  
City-State-Zip: NASHVILLE TN 37211

Title TSVP  
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 SVP  
Name COLLIE, ROBERT  
Address 618 GRASSMERE PARK DRIVE, SUITE 12  
City-State-Zip: NASHVILLE TN 37211

*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:** WARD CHAFFIN

AT

03/21/2016

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

\_\_\_\_\_  
Date