2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2015
Secretary of State
CC5643093688

DOCUMENT# F10000005293

Entity Name: REMINGTON COLLEGE, INC.

Current Principal Place of Business:

111 CENTER ST SUITE 2400
LITTLE ROCK, AR 72201

Current Mailing Address:

500 INTERNATIONAL PARKWAY
SUITE 200
HEATHROW, FL 32746

FEI Number: 27-3339369

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	D
Name	STEPHENS, WARREN
Address	111 CENTER ST SUITE 2400
City-State-Zip:	LITTLE ROCK AR 72201

Title	D
Name	MCKISSACK, MARSHALL
Address	111 CENTER ST SUITE 2400
City-State-Zip:	LITTLE ROCK AR 72201

Title	D
Name	BARNETT, JERALD M
Address	2222 COTTONDALE LANE SUITE 200
City-State-Zip:	LITTLE ROCK AR 72202

Title	VP
Name	NALL, HIRAM DR.
Address	11310 GREENS CROSSING, SUITE 300
City-State-Zip:	HOUSTON TX 77067

Title	D
Name	WILCOX, KEVIN
Address	111 CENTER ST SUITE 2400
City-State-Zip:	LITTLE ROCK AR 72201

Title	DP
Name	FORREST, JACK W
Address	500 INTERNATIONAL PKWY #200
City-State-Zip:	HEATHROW FL 32746

Title	S
Name	CAMP, CHARLES R
Address	500 INTERNATIONAL PKWY #200
City-State-Zip:	HEATHROW FL 32746

Title	VP
Name	ZVAIGZNE, TODD
Address	500 INTERNATIONAL PARKWAY SUITE 200
City-State-Zip:	HEATHROW FL 32746

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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: CHARLES R. CAMP SECRETARY 04/10/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	CFO
Name	ALLISON, A REID
Address	500 INTERNATIONAL PARKWAY SUITE 200
City-State-Zip:	HEATHROW FL 32746

Title	OFFICER
Name	BONNELL, J
Address	500 INTERNATIONAL PARKWAY SUITE 200
City-State-Zip:	HEATHROW FL 32746

Title	VP
Name	RIETSEMA, DAVID
Address	500 INTERNATIONAL PARKWAY SUITE 200
City-State-Zip:	HEATHROW FL 32746

Title	NATIONAL DIRECTOR OF STUDENT FINANCE
Name	DUNN, JAMES
Address	500 INTERNATIONAL PARKWAY SUITE 200
City-State-Zip:	HEATHROW FL 32746

Title	VICE PRESIDENT OF HEALTH SCIENCES
Name	MOORE, BRADLEY
Address	500 INTERNATIONAL PARKWAY SUITE 200
City-State-Zip:	HEATHROW FL 32746

Title	VP
Name	LUTZ, ROBERT
Address	500 INTERNATIONAL PARKWAY SUITE 200
City-State-Zip:	HEATHROW FL 32746

Title	VP
Name	BAKER, JONATHAN
Address	500 INTERNATIONAL PARKWAY SUITE 200
City-State-Zip:	HEATHROW FL 32746

Title	CONTROLLER
Name	GERRY, EMMYLU
Address	500 INTERNATIONAL PARKWAY SUITE 200
City-State-Zip:	HEATHROW FL 32746

Title	NATIONAL DIRECTOR OF ACCREDITATION & LICENSING
Name	RHODES, MARY
Address	500 INTERNATIONAL PARKWAY SUITE 200
City-State-Zip:	HEATHROW FL 32746

Title	VP
Name	POLIFKO, KARIN
Address	500 INTERNATIONAL PARKWAY SUITE 200
City-State-Zip:	HEATHROW FL 32746