

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000003343

**Entity Name:** EDUCATIONAL SERVICES OF AMERICA, INC.

**Current Principal Place of Business:**

104 NORTH SEVEN OAKS DRIVE  
KNOXVILLE, TN 37922

**FILED**  
**Feb 12, 2013**  
**Secretary of State**  
**CC9178457147**

**Current Mailing Address:**

104 NORTH SEVEN OAKS DRIVE  
KNOXVILLE, TN 37922

**FEI Number: 62-1586836**

**Certificate of Status Desired: Yes**

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

MARKIS, MISSY  
10245 CENTURION PKWY. NORTH, SUITE 108  
JACKSONVILLE, FL 32256 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 PD  
Name ARNOLD, JOHN EJR  
Address 104 NORTH SEVEN OAKS DRIVE  
City-State-Zip: KNOXVILLE TN 37922

Title EVPD  
Name THOMPSON, BILL  
Address 104 NORTH SEVEN OAKS DRIVE  
City-State-Zip: KNOXVILLE TN 37922

Title D  
Name KESSEL, DWIGHT  
Address 4418 BEECHWOOD DRIVE  
City-State-Zip: KNOXVILLE TN 37920

Title D  
Name COOPER, LEO  
Address 5401 BROWN GAP ROAD  
City-State-Zip: KNOXVILLE TN 37918

Title D  
Name SCHUMPERT, TOMMY  
Address 5300 OAK GLADE LANE  
City-State-Zip: KNOXVILLE TN 37918

*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: JOHN E ARNOLD, JR**

**PRESIDENT**

**02/12/2013**

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

\_\_\_\_\_  
Date