

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000006484

**Entity Name:** ARSEE ENGINEERS, INC.

**Current Principal Place of Business:**

9715 KINCAID DRIVE  
SUITE 100  
FISHERS, IN 46037

**FILED**  
**Jan 16, 2020**  
**Secretary of State**  
**1805424612CC**

**Current Mailing Address:**

9715 KINCAID DRIVE  
SUITE 100  
FISHERS, IN 46037 US

**FEI Number: 35-1611580**

**Certificate of Status Desired: Yes**

**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  
Name           HERGET, FREDERICK A  
Address        9715 KINCAID DRIVE, SUITE 100  
City-State-Zip: FISHERS IN 46037-9459

Title           PRESIDENT  
Name           JONES, SCOTT A  
Address        9715 KINCAID DRIVE, SUITE 100  
City-State-Zip: FISHERS IN 46037-9459

Title           DIRECTOR  
Name           PULLEY, ALLEN R  
Address        9715 KINCAID DRIVE, SUITE 100  
City-State-Zip: FISHERS IN 46037-9459

Title           DIRECTOR  
Name           WILSON, BRYAN R  
Address        9715 KINCAID DRIVE, SUITE 100  
City-State-Zip: FISHERS IN 46037-9459

Title           TREASURER  
Name           KILGOUR, MATTHEW D  
Address        9715 KINCAID DRIVE  
                  SUITE 100  
City-State-Zip: FISHERS IN 46037

Title           SECRETARY  
Name           LANGFERMAN, ANDREW  
Address        9715 KINCAID DRIVE  
                  SUITE 100  
City-State-Zip: FISHERS IN 46037

*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: MATTHEW D KILGOUR**

**TREASURER**

**01/16/2020**

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

\_\_\_\_\_  
Date