

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000006484

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

**Current Principal Place of Business:**

9715 KINCAID DRIVE  
SUITE 100  
FISHERS, IN 46037-9459

**Current Mailing Address:**

9715 KINCAID DRIVE  
SUITE 100  
FISHERS, IN 46037-9459 US

**FEI Number:** 35-1611580

**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            PRESIDENT  
Name            JONES, SCOTT A  
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 46037-9459

Title            SECRETARY  
Name            LANGFERMAN, ANDREW  
Address        9715 KINCAID DRIVE  
                  SUITE 100  
City-State-Zip: FISHERS IN 46037-9459

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

Title            DIRECTOR  
Name            KILGOUR, MATTHEW D  
Address        9715 KINCAID DRIVE  
                  SUITE 100  
City-State-Zip: FISHERS IN 46037-9459

Title            DIRECTOR  
Name            LANGFERMAN, ANDREW  
Address        9715 KINCAID DRIVE  
                  SUITE 100  
City-State-Zip: FISHERS IN 46037-9459

*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**

**04/09/2024**

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

\_\_\_\_\_  
Date