#### Electronic Signature of Signing Officer/Director Detail

#### 2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# F0700004591

## Entity Name: HELIOS EDUCATION FOUNDATION INCORPORATED

### **Current Principal Place of Business:**

2415 EAST CAMELBACK RD SUITE 500 PHOENIX, AZ 85016

### **Current Mailing Address:**

2415 EAST CAMELBACK RD SUITE 500 PHOENIX, AZ 85016

### FEI Number: 94-2850977

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

SMITH, IAN 100 N TAMPA ST **SUITE 1625** TAMPA, FL 33602 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

#### Officer/Director Detail

Officer/Director Detail :						
Title	CHAIRMAN	Title	DIRECTOR			
Name	ROIG, VINCENT	Name	HERNDON, TOM			
Address	2415 EAST CAMELBACK RD SUITE 500	Address	2415 EAST CAMELBACK RD SUITE 500			
City-State-Zip:	PHOENIX AZ 85016	City-State-Zip:	PHOENIX AZ 85016			
Title	DIRECTOR	Title	PRESIDENT AND DIRECTOR			
Name	ARIPOLI, DON	Name	LUNA, PAUL			
Address	2415 EAST CAMELBACK RD SUITE 500	Address	2415 EAST CAMELBACK RD SUITE 500			
City-State-Zip:	PHOENIX AZ 85016	City-State-Zip:	PHOENIX AZ 85016			
Title	EXECUTIVE VICE PRESIDENT	Title	CFO AND VICE PRESIDENT			
Name	RYAN THOMPSON, BARBARA	Name	CHESIN, MICHAEL			
Address	2415 EAST CAMELBACK RD SUITE 500	Address	2415 EAST CAMELBACK RD SUITE 500			
City-State-Zip:	PHOENIX AZ 85016	City-State-Zip:	PHOENIX AZ 85016			
Title	DIRECTOR	Title	DIRECTOR			
Name	ROIG, JANE	Name	FERNANDEZ, MARK			
Address	2415 EAST CAMELBACK RD SUITE 500	Address	2415 EAST CAMELBACK RD SUITE 500			
City-State-Zip:	PHOENIX AZ 85016	City-State-Zip:	PHOENIX AZ 85016			

## Continues on page 2

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: MICHAEL CHESIN VP & CFO 01/09/2017	

FILED Jan 09, 2017 Secretary of State CC6924760764

Certificate of Status Desired: No

Date

Date

# **Officer/Director Detail Continued :**

Title	VICE PRESIDENT	Title	DIRECTOR
Name	SMITH, IAN	Name	SASTRE, MARIA
Address	2415 EAST CAMELBACK RD SUITE 500	Address	2415 EAST CAMELBACK RD SUITE 500
City-State-Zip:	PHOENIX AZ 85016	City-State-Zip:	PHOENIX AZ 85016
Title	DIRECTOR	Title	DIRECTOR
Name	MORFESSIS, IOANNA	Name	WHEELER, STEVEN
Address	2415 EAST CAMELBACK RD SUITE 500	Address	2415 EAST CAMELBACK RD SUITE 500
City-State-Zip:	PHOENIX AZ 85016	City-State-Zip:	PHOENIX AZ 85016
Title	SR VICE PRESIDENT - COMMUNITY IMPACT	Title	SR VICE PRESIDENT, POLICY
Name	THOMPSON, LINDA	Name	HOKANSON, CHARLES
Address	2415 EAST CAMELBACK RD SUITE 500	Address	2415 EAST CAMELBACK RD SUITE 500
City-State-Zip:	PHOENIX AZ 85016	City-State-Zip:	PHOENIX AZ 85016
Title	DIRECTOR		
Name	MANAGER, VADA		
Address	2415 EAST CAMELBACK RD		

- 2415 EAST CAMELBACK RD SUITE 500
- City-State-Zip: PHOENIX AZ 85016