

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004591

**FILED**  
**Jan 13, 2020**  
**Secretary of State**  
**7055968797CC**

**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

**Certificate of Status Desired:** No

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

HOKANSON, CHARLES  
101 EAST KENNEDY  
SUITE 2050  
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:** CHARLES HOKANSON

01/13/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name ROIG, VINCENT  
Address 2415 EAST CAMELBACK RD SUITE 500  
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR  
Name HERNDON, TOM  
Address 2415 EAST CAMELBACK RD SUITE 500  
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR  
Name ARIPOLI, DON  
Address 2415 EAST CAMELBACK RD SUITE 500  
City-State-Zip: PHOENIX AZ 85016

Title PRESIDENT AND DIRECTOR  
Name LUNA, PAUL  
Address 2415 EAST CAMELBACK RD SUITE 500  
City-State-Zip: PHOENIX AZ 85016

Title EXECUTIVE VICE PRESIDENT  
Name RYAN THOMPSON, BARBARA  
Address 2415 EAST CAMELBACK RD SUITE 500  
City-State-Zip: PHOENIX AZ 85016

Title CFO AND VICE PRESIDENT  
Name CHESIN, MICHAEL  
Address 2415 EAST CAMELBACK RD SUITE 500  
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR  
Name ROIG, JANE  
Address 2415 EAST CAMELBACK RD SUITE 500  
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR  
Name FERNANDEZ, MARK  
Address 2415 EAST CAMELBACK RD SUITE 500  
City-State-Zip: PHOENIX AZ 85016

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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:** MICHAEL STEVEN CHESIN

SRVP & CFO

01/13/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SASTRE, MARIA  
Address 2415 EAST CAMELBACK RD  
SUITE 500  
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR  
Name WHEELER, STEVEN  
Address 2415 EAST CAMELBACK RD  
SUITE 500  
City-State-Zip: PHOENIX AZ 85016

Title SR VICE PRESIDENT  
Name HOKANSON, CHARLES  
Address 101 E. KENNEDY BLVD  
SUITE 2050  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name MORFESSIS, IOANNA  
Address 2415 EAST CAMELBACK RD  
SUITE 500  
City-State-Zip: PHOENIX AZ 85016

Title SR VICE PRESIDENT  
Name THOMPSON, LINDA  
Address 2415 EAST CAMELBACK RD  
SUITE 500  
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR  
Name MANAGER, VADA  
Address 2415 EAST CAMELBACK RD  
SUITE 500  
City-State-Zip: PHOENIX AZ 85016