

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004591

FILED
Jan 04, 2012
Secretary of State

Entity Name: HELIOS EDUCATION FOUNDATION INCORPORATED

Current Principal Place of Business:

2415 EAST CAMELBACK RD
SUITE 500
PHOENIX, AZ 85016

New Principal Place of Business:

Current Mailing Address:

2415 EAST CAMELBACK RD
SUITE 500
PHOENIX, AZ 85016

New Mailing Address:

FEI Number: 94-2850977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

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

Title: P
Name: LUNA, PAUL
Address: 2415 EAST CAMELBACK RD SUITE 500
City-St-Zip: PHOENIX, AZ 85016

Title: VP
Name: RYAN, BARBARA
Address: 2415 EAST CAMELBACK RD SUITE 500
City-St-Zip: PHOENIX, AZ 85016

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

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

CFO

01/04/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date