

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004591

**FILED**  
**Jan 14, 2013**  
**Secretary of State**  
**CC5599796152**

**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:**

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

\_\_\_\_\_  
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, 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 CHESIN

VP AND CFO

01/14/2013

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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