

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000000742

Entity Name: HELIX SYSTEMS, INC.

Current Principal Place of Business:

5531 POWDER PLANT LN
BESSEMER, AL 35022

Current Mailing Address:

5531 POWDER PLANT LN
BESSEMER, AL 35022

FEI Number: 20-0792326

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

FILED
Apr 30, 2015
Secretary of State
CC1207281862

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 FOWEATHER, SIMON
Address 5531 POWDER PLANT LN
City-State-Zip: BESSEMER AL 35022

Title VP, MECHANICAL & PROJECTS
Name MCGUFFIE, RICK
Address 5531 POWDER PLANT LN
City-State-Zip: BESSEMER AL 35022

Title TREASURER & CFO
Name WRIGHT, DON
Address 5531 POWDER PLANT LN
City-State-Zip: BESSEMER AL 35022

Title VP, SALES
Name DIEHL, DANIEL
Address 5531 POWDER PLANT LN
City-State-Zip: BESSEMER AL 35022

Title SECRETARY
Name HAMILTON, SAM K
Address 2200 N. ROEMER RD.
City-State-Zip: APPLETON WI 54911

Title AT & CTD
Name ENGMANN, SCOTT
Address 2200 N. ROEMER RD.
City-State-Zip: APPLETON WI 54911

Title DIRECTOR
Name BELL, WILLIAM
Address 9395 KENWOOD RD., STE. 200
City-State-Zip: CINCINNATI OH 45242

Title DIRECTOR
Name MORSCH, DONALD
Address 9395 KENWOOD RD., STE. 200
City-State-Zip: CINCINNATI OH 45242

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL K. HAMILTON

SECRETARY

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LEITNER, THOMAS
Address 9395 KENWOOD RD., STE. 200
City-State-Zip: CINCINNATI OH 45242

Title DIRECTOR
Name FOWEATHER, SIMON
Address 5531 POWDER PLANT LN
City-State-Zip: BESSEMER AL 35022