

**2017 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:**

CORPORATION SERVICE COMPAN  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            PRESIDENT  
Name            BELL, WILLIAM  
Address        9395 KENWOOD RD., STE. 200  
City-State-Zip: CINCINNATI OH 45242

Title            VP  
Name            BENTLEY, STEPHEN  
Address        9395 KENWOOD RD., STE. 200  
City-State-Zip: CINCINNATI OH 45242

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

Title            SECRETARY  
Name            OLSON, ANGELA  
Address        9395 KENWOOD RD., STE. 200  
City-State-Zip: CINCINNATI OH 45242

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

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

*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:** ANGELA OLSON

**SECRETARY**

**04/28/2017**

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

\_\_\_\_\_  
Date