

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P39894 (1)

1. Corporation Name

HELIOS RESEARCH CORP.

Principal Place of Business

38 DAKIN ST.
P.O. BOX 307
MUMFORD NY 14511

Mailing Address

38 DAKIN ST.
P.O. BOX 307
MUMFORD NY 14511



3. Date Incorporated or Qualified
07/27/1992

3a. Date of Last Report
04/24/1995

4. FEI Number

16-1154052

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICODEMUS, CARL
261 OCEAN RESIDENCE COURT
SATELLITE BEACH FL 32937

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCP
NAME NICODEMUS, CARL
STREET ADDRESS 261 OCEAN RESIDENCE COURT
CITY-ST-ZIP SATELLITE BEACH FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D
NAME JENNY, WILLIAM A.
STREET ADDRESS 1385 HIGHLAND AVE.
CITY-ST-ZIP ROCHESTER NY 14620

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D
NAME FALKNER, GERT E.
STREET ADDRESS 42 GENESEE VALLEY RD.
CITY-ST-ZIP PITTSFORD NY

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE VP
NAME NICODEMUS, BLAKE T.
STREET ADDRESS 117 S. MAIN ST.
CITY-ST-ZIP PERRY NY 14530

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE S
NAME NICODEMUS, A. LEE
STREET ADDRESS 261 OCEAN RESIDENCE COURT
CITY-ST-ZIP SATELLITE BEACH FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE VP
NAME JENNY, WILLIAM A.
STREET ADDRESS 1385 HIGHLAND AVE.
CITY-ST-ZIP ROCHESTER NY 14620

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 716 538 6825

Date

Daytime Phone #

CR2E034 (12/95)