

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90110 043 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P39894

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

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

07/27/1992

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country 29 30

9. Name and Address of Current Registered Agent

NICODEMUS, CARL  
261 OCEAN RESIDENCE COURT  
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

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 title if applicable.

(NOT E. Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	NICODEMUS, CARL	
STREET ADDRESS	261 OCEAN RESIDENCE COURT	
CITY-STATE-ZIP	SATELLITE BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JENNY, WILLIAM A.	
STREET ADDRESS	51 CALLINGHAM RD	
CITY-STATE-ZIP	PITTSFORD NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FALKNER, GERT E.	
STREET ADDRESS	42 GENESEE VALLEY RD.	
CITY-STATE-ZIP	PITTSFORD NY	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	NICODEMUS, BLAKE T.	
STREET ADDRESS	6 WIDGER ROAD	
CITY-STATE-ZIP	SPENCERPORT NY 14559	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NICODEMUS, A. LEE	
STREET ADDRESS	261 OCEAN RESIDENCE COURT	
CITY-STATE-ZIP	SATELLITE BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JENNY, WILLIAM A.	
STREET ADDRESS	51 CALLINGHAM RD	
CITY-STATE-ZIP	PITTSFORD NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NICODEMUS, MARK	
1.3 STREET ADDRESS	57 WOLCOTT STREET	
1.4 CITY-STATE-ZIP	LEROY NY 14452	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)