

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 217838

Entity Name: G4S SECURE SOLUTIONS (USA) INC.**Current Principal Place of Business:**1395 UNIVERSITY BOULEVARD
JUPITER, FL 33458**Current Mailing Address:**1395 UNIVERSITY BOULEVARD
JUPITER, FL 33458 US**FEI Number:** 59-0857245**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 VP, TREASURER
Name MCCORMICK, TIMOTHY
Address 1395 UNIVERSITY BOULEVARD
City-State-Zip: JUPITER FL 33458

Title VP, DIRECTOR
Name LEVINE, DREW M.
Address 520 PALM TRAIL
City-State-Zip: DELRAY BEACH FL 33483

Title PRESIDENT, DIRECTOR
Name KENNING, JOHN
Address 1395 UNIVERSITY BOULEVARD
City-State-Zip: JUPITER FL 33458

Title VP, SECRETARY, DIRECTOR
Name HOGSTEN, MICHAEL
Address 1395 UNIVERSITY BOULEVARD
City-State-Zip: JUPITER FL 33458

Title DIRECTOR
Name MCCABE, BRIAN
Address 1395 UNIVERSITY BLVD.
City-State-Zip: JUPITER FL 33458

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: MICHAEL HOGSTEN**SECRETARY****04/26/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date