

**2016 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

**FILED**  
**Apr 21, 2016**  
**Secretary of State**  
**CC2472603836**

**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, CFO  
Name           MCCORMICK, TIMOTHY  
Address        1395 UNIVERSITY BOULEVARD  
City-State-Zip: JUPITER FL 33458

Title           VP, DIRECTOR  
Name           GREEN, IAN A.  
Address        1395 UNIVERSITY BOULEVARD  
City-State-Zip: JUPITER FL 33458

Title           VP, DIRECTOR  
Name           LEVINE, DREW M.  
Address        1395 UNIVERSITY BOULEVARD  
City-State-Zip: JUPITER FL 33458

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

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

Title           VP, DIRECTOR  
Name           JORGENSEN, SUSANNE  
Address        520 PALM TRAIL  
City-State-Zip: DELRAY BEACH FL 33483

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: JOHN SUMNER**

**SECRETARY**

**04/21/2016**

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

\_\_\_\_\_  
Date