

**2022 FLORIDA PROFIT CORPORATION AMENDED 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            PRESIDENT, DIRECTOR  
Name            JONES, STEVEN S.  
Address        1395 UNIVERSITY BOULEVARD  
City-State-Zip: JUPITER FL 33458

Title            DIRECTOR, CHIEF FINANCIAL  
                    OFFICER AND TREASURER  
Name            BRANDT, TIMOTHY E  
Address        450 EXCHANGE  
City-State-Zip: IRVINE CA 92602

Title            DIRECTOR, EXECUTIVE VICE  
                    PRESIDENT, GENERAL COUNSEL  
                    AND SECRETARY

Name            BUCKMAN, DAVID I  
Address        161 WASHINGTON STREET, SUITE  
                    600

City-State-Zip: CONSHOHOCKEN PA 19428

Title            ASSISTANT SECRETARY

Name            GRIZZARD, DANIEL W

Address        1395 UNIVERSITY BOULEVARD

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:** DAVID BUCKMAN

DIRECTOR, EXECUTIVE    12/06/2022  
VICE PRESIDENT,  
GENERAL COUNSEL AND  
SECRETARY

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