

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000002434

**Entity Name:** G4S SECURE INTEGRATION LLC**Current Principal Place of Business:**1200 LANDMARK CENTER, SUITE 1300  
OMAHA, NE 68102**Current Mailing Address:**1200 LANDMARK CENTER, SUITE 1300  
OMAHA, NE 68102**FEI Number:** 43-1965877**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**Authorized Person(s) Detail :**

|                 |                                    |
|-----------------|------------------------------------|
| Title           | MEMBER                             |
| Name            | G4S TECHNOLOGY HOLDINGS (USA) INC. |
| Address         | 1 EXECUTIVE DRIVE                  |
| City-State-Zip: | CHELMSFORD MA 01824                |

|                 |                                     |
|-----------------|-------------------------------------|
| Title           | MANAGING MEMBER                     |
| Name            | SECURADYNE SYSTEMS INTERMEDIATE LLC |
| Address         | 1200 LANDMARK CENTER, SUITE 1300    |
| City-State-Zip: | OMAHA NE 68102                      |

|                 |                                 |
|-----------------|---------------------------------|
| Title           | EVP, SECRETARY                  |
| Name            | BUCKMAN, DAVID I.               |
| Address         | 161 WASHINGTON STREET SUITE 600 |
| City-State-Zip: | CONSHOHOCKEN PA 19428           |

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID I. BUCKMAN**SECRETARY****04/24/2022**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date