2022 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Oct 04, 2022
Secretary of State
4159943098CC

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

Title	CHIEF FINANCIAL OFFICER AND TREASURER
Name	BRANDT, TIMOTH
Address	1551 N. TUSTIN AVE. SUITE 650
City-State-Zip:	SANTA ANA CA 92705

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

Title	CHIEF EXECUTIVE OFFICER AND PRESIDENT
Name	JONES, STEVE S.
Address	1551 N. TUSTIN AVE. SUITE 650
City-State-Zip:	SANTA ANA CA 92705

Title	VP, INTERNATIONAL BUSINESS DEVELOPMENT
Name	FULLER, TRACY
Address	1551 N. TUSTIN AVE. SUITE 650
City-State-Zip:	SANTA ANA CA 92705

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 10/04/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date