Entity Name: U.S. SECURITY ASSOCIATES AVIATION SERVICES, INC.

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

161 WASHINGTON STREET SUITE 600 CONSHOHOCKEN, PA 19428

DOCUMENT# F12000002012

Current Mailing Address:

161 WASHINGTON STREET SUITE 600 CONSHOHOCKEN, PA 19428 US

FEI Number: 45-2824167

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

Officer/Director Detail :

Title	PRESIDENT	Title	CEO
Name	JONES, STEVEN S.	Name	JONES, STEVEN S.
Address	1551 N. TUSTIN AVENUE, SUITE 650	Address	1551 N. TUSTIN AVENUE, SUITE 650
City-State-Zip:	SANTA ANA CA 92705	City-State-Zip:	SANTA ANA CA 92705
Title	SECRETARY	Title	TREASURER/CFO
Name	LUTZ, L. J. PAUL	Name	SMITH, KEVIN S.
Address	200 MANSELL COURT, SUITE 500	Address	1551 N. TUSTIN AVE., SUITE 650
City-State-Zip:	ROSWELL GA 30076	City-State-Zip:	SANTA ANA CA 92705
Title	VP	Title	VP
Name	LUTZ, L. J. PAUL	Name	MALONE, PAULA
Address	200 MANSELL COURT, SUITE 500	Address	1551 N. TUSTIN AVE., SUITE 650
City-State-Zip:	ROSWELL GA 30076	City-State-Zip:	SANTA ANA CA 92705
Title	DIRECTOR	Title	DIRECTOR
Name	BUCKMAN, DAVID I.	Name	JONES, STEVEN S.
Address	161 WASHINGTON STREET	Address	1551 N. TUSTIN AVENUE, SUITE 650
City State Zing	SUITE 600	City-State-Zip:	SANTA ANA CA 92705
City-State-Zip:	CONSHOHOCKEN PA 19428	Continues on page 2	

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.

PRESIDENT

SIGNATURE: STEVEN S. JONES

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	TORZOLINI, WILLIAM A.
Address	161 WASHINGTON STREET SUITE 600
City-State-Zip:	CONSHOHOCKEN PA 19428