

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000004614

**Entity Name:** SYSTECON SUPPRESSION SYSTEMS, INC.

**Current Principal Place of Business:**

8686 SOUTHWEST PARKWAY  
HARRISON, OH 45030

**Current Mailing Address:**

8686 SOUTHWEST PARKWAY  
HARRISON, OH 45030 US

**FEI Number:** 26-2181517

**Certificate of Status Desired:** No

**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:** TERRIE BATES, ASSISTANT SECRETARY

04/05/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name LYDON, THOMAS A.  
Address 8686 SOUTHWEST PARKWAY  
City-State-Zip: HARRISON OH 45030

Title DIRECTOR  
Name BECKER, RUSSELL A.  
Address 8686 SOUTHWEST PARKWAY  
City-State-Zip: HARRISON OH 45030

Title SECRETARY  
Name LYDON, THOMAS A.  
Address 8686 SOUTHWEST PARKWAY  
City-State-Zip: HARRISON OH 45030

Title CFO  
Name LYDON, THOMAS A.  
Address 8686 SOUTHWEST PARKWAY  
City-State-Zip: HARRISON OH 45030

Title TREASURER  
Name LYDON, THOMAS A.  
Address 8686 SOUTHWEST PARKWAY  
City-State-Zip: HARRISON OH 45030

Title CHIEF EXECUTIVE OFFICER AND PRESIDENT  
Name EUSON, MATTHEW M  
Address 8686 SOUTHWEST PARKWAY  
City-State-Zip: HARRISON OH 45030

Title ASSISTANT TREASURER  
Name HATFIELD, SCOTT  
Address 8686 SOUTHWEST PARKWAY  
City-State-Zip: HARRISON OH 45030

Title ASSISTANT TREASURER  
Name POLOVITZ, MARK  
Address 8686 SOUTHWEST PARKWAY  
City-State-Zip: HARRISON OH 45030

*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:** THOMAS A. LYDON

SECRETARY

04/05/2022

Electronic Signature of Signing Officer/Director Detail

Date