

**2019 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F15000004614

**Entity Name:** SYSTECON SUPPRESSION SYSTEMS, INC.**Current Principal Place of Business:**8686 SW PKWY  
HARRISON, OH 45030**Current Mailing Address:**8686 SW PKWY  
HARRISON, OH 45030**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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title ASST. TREASURER  
Name HATFIELD, SCOTT  
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 CFO, SECRETARY, TREASURER,  
DIRECTOR  
Name LYDON, THOMAS A.  
Address 8686 SOUTHWEST PARKWAY,  
City-State-Zip: HARRISON OH 45030

Title CEO, PRESIDENT  
Name EUSON, MATTHEW M.  
Address 8686 SW PKWY  
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:** MARK POLOVITZ**ASSISTANT TREASURER 12/09/2019**

Electronic Signature of Signing Officer/Director Detail

Date