

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000003815

**Entity Name:** THALES ESECURITY, INC.

**Current Principal Place of Business:**

900 SOUTH PINE ISLAND ROAD  
SUITE 710  
PLANTATION, FL 33324

**Current Mailing Address:**

900 SOUTH PINE ISLAND ROAD  
SUITE 710  
PLANTATION, FL 33324 US

**FEI Number: 77-0566138**

**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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            PROVIN, CINDY  
Address        900 SOUTH PINE ISLAND ROAD  
                  SUITE 710  
City-State-Zip: PLANTATION FL 33324

Title            TREASURER, CFO  
Name            VINCENT, DEAN  
Address        2860 JUNCTION AVE  
City-State-Zip: SAN JOSE CA 95134

Title            SECRETARY  
Name            GENICOT, OLIVIER  
Address        900 SOUTH PINE ISLAND ROAD  
                  SUITE 710  
City-State-Zip: PLANTATION FL 33324

Title            DIRECTOR  
Name            PELLEGRINI, ALAN  
Address        2733 SOUTH CRYSTAL DRIVE, SUITE  
                  1200  
City-State-Zip: ARLINGTON VA 22202

Title            DIRECTOR  
Name            DARMON, MARC II  
Address        31 PLACE DES COROLLES C5 2001  
City-State-Zip: PARIS LA DEFENCE CEDEX 92098

Title            DIRECTOR  
Name            JONES, DAVID  
Address        900 SOUTH PINE ISLAND ROAD  
                  SUITE 710  
City-State-Zip: PLANTATION FL 33324

*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: OLIVIER GENICOT**

**SECRETARY**

**02/23/2019**

Electronic Signature of Signing Officer/Director Detail

Date