

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000001310

FILED
Mar 30, 2020
Secretary of State
2871162930CC

Entity Name: CYXTERA CYBERSECURITY, INC.

Current Principal Place of Business:

2333 PONCE DE LEON BLVD., SUITE 900
CORAL GABLES, FL 33134

Current Mailing Address:

2333 PONCE DE LEON BLVD., SUITE 900
CORAL GABLES, FL 33134 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 DEVPFCFO
Name RODRIGUEZ, RENE A
Address 2333 PONCE DE LEON BLVD., SUITE 900
City-State-Zip: CORAL GABLES FL 33134

Title DVPCLOS
Name SEMAH, VICTOR F
Address 2333 PONCE DE LEON BLVD., SUITE 900
City-State-Zip: CORAL GABLES FL 33134

Title CEO
Name MEDINA, MANUEL D
Address 2333 PONCE DE LEON BLVD., SUITE 900
City-State-Zip: CORAL GABLES FL 33134

Title PCOO
Name FONSECA, NELSON
Address 2333 PONCE DE LEON BLVD., SUITE 900
City-State-Zip: CORAL GABLES FL 33134

Title EVPC
Name FIELD, BARRY
Address 2333 PONCE DE LEON BLVD., SUITE 900
City-State-Zip: CORAL GABLES FL 33134

Title PDCS
Name ROWLAND, RANDY
Address 2333 PONCE DE LEON BLVD., SUITE 900
City-State-Zip: CORAL GABLES FL 33134

Title EVPCLOS
Name SEMAH, VICTOR F
Address 2333 PONCE DE LEON BLVD., SUITE 900
City-State-Zip: CORAL GABLES FL 33134

Title VPVMO
Name WEST, SIMON
Address 2333 PONCE DE LEON BLVD., SUITE 900
City-State-Zip: CORAL GABLES FL 33134

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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: FONSECA , NELSON.
DISPENZA

BY: ANTHONY

ATTORNEY-IN-FACT

03/30/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title EVPCIO
Name CASUSOL, LEONCIO
Address 2333 PONCE DE LEON BLVD., SUITE 900
City-State-Zip: CORAL GABLES FL 33134

Title SVPCCOGM
Name DAY, CHRISTOPHER
Address 2333 PONCE DE LEON BLVD., SUITE 900
City-State-Zip: CORAL GABLES FL 33134

Title VPVISO
Name TADDEO, LEO
Address 2333 PONCE DE LEON BLVD., SUITE 900
City-State-Zip: CORAL GABLES FL 33134

Title SVPCHRO
Name BARNETT, FRANK
Address 2333 PONCE DE LEON BLVD., SUITE 900
City-State-Zip: CORAL GABLES FL 33134