

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000001310

**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 DEVPFCO  
Name RODRIGUEZ, RENE A  
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 EVPC  
Name FIELD, BARRY  
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 DVPCLOS  
Name SEMAH, VICTOR F  
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 PDCS  
Name ROWLAND, RANDY  
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