

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000001601

**Entity Name:** THALES TRANSPORT & SECURITY, INC.

**FILED**  
**Apr 12, 2017**  
**Secretary of State**  
**CC5090619667**

**Current Principal Place of Business:**

5500 CORPORATE DRIVE  
SUITE 500  
PITTSBURGH, PA 15237

**Current Mailing Address:**

5500 CORPORATE DRIVE  
SUITE 500  
PITTSBURGH, PA 15237 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT 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	SECRETARY
Name	WOODS, ALEX
Address	5500 CORPORATE DRIVE SUITE 500
City-State-Zip:	PITTSBURGH PA 15237
Title	DIRECTOR
Name	PELLEGRINI, ALAN
Address	2733 SOUTH CRYSTAL DRIVE # 1200
City-State-Zip:	ARLINGTON VA 22202
Title	COO
Name	LEWIS, DUNCAN
Address	5700 CORPORATE DRIVE SUITE 750
City-State-Zip:	PITTSBURGH PA 15237
Title	CEO
Name	BROHM, JOHN
Address	5700 CORPORATE DRIVE SUITE 750
City-State-Zip:	PITTSBURGH PA 15237

Title	DIRECTOR OF BUSINESS DEVELOPMENT
Name	LAUFFER, JASON
Address	5500 CORPORATE DRIVE SUITE 500
City-State-Zip:	PITTSBURGH PA 15237
Title	DIRECTOR
Name	LEWIS, DUNCAN
Address	5700 CORPORATE DRIVE SUITE 750
City-State-Zip:	PITTSBURGH PA 15237
Title	DIRECTOR
Name	BROHM, JOHN
Address	5700 CORPORATE DRIVE SUITE 750
City-State-Zip:	PITTSBURGH PA 15237
Title	PRESIDENT
Name	BROHM, JOHN
Address	5700 CORPORATE DRIVE SUITE 750
City-State-Zip:	PITTSBURGH PA 15237

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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: ALEX WOODS**

**SECRETARY**

**04/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           LHOTA, DEBRA  
Address        5700 CORPORATE DRIVE  
                  SUITE 750  
City-State-Zip:  PITTSBURGH PA 15237

Title           CFO  
Name           LHOTA, DEBRA  
Address        5700 CORPORATE DRIVE  
                  SUITE 750  
City-State-Zip:  PITTSBURGH PA 15237