

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90032 021 ***150.00

DOCUMENT # F98000005515 1. Entity Name THALES E-SECURITY, INC.					
Principal Place of Business 2200 N COMMERCE PKWY SUITE 200 WESTON, FL 33326			Mailing Address 2200 N COMMERCE PKWY SUITE 200 WESTON, FL 33326		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-2247316	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C J CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCOY, SCOTT 675 N WASHINGTON ST., SUITE 400 ALEXANDRIA, VA 22314 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Walsh, Kathleen 2200 N. Commerce Pkwy., Ste. 200 Weston, FL 33326 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HENNESSY, JACK 675 N WASHINGTON ST., SUITE 400 ALEXANDRIA, VA 22314 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer Hugh, Roger 2200 N. Commerce Pkwy., Weston, FL ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO PROVIN, CYNTHIA L 2200 N COMMERCE PKWY., SUITE 200 WESTON, FL 33326 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTLETT, ROBERT 2200 N COMMERCE PKWY., SUITE 200 WESTON, FL 33326 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Adams, Lawrence 2200 N. Commerce Pkwy., Suite 200 Weston, FL 33326 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAYBOUR, PHIL 2200 N COMMERCE PKWY., SUITE 200 WESTON, FL 33326 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Hamilton, Christian B. 2200 N. Commerce Pkwy., Weston, FL ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Herberts, Mitchell 2200 N. Commerce Pkwy., Suite 200 Weston, FL 33326 ☒ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Kathleen Walsh SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/2/2004 Date		
			954-888-6256 Daytime Phone #		