

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90956 043 ***150.00

DOCUMENT # F98000005515

1. Entity Name

THALES E-SECURITY, INC.



Principal Place of Business
**1601 NORTH HARRISON PKWY
SUITE 100
SUNRISE FL 33323-2899**

Mailing Address
**1601 NORTH HARRISON PKWY
SUITE 100
SUNRISE FL 33323-2899**

2. Principal Place of Business
**2200 N. Commerce Pkwy.
Suite, Apt. # etc.
Suite 200**

3. Mailing Address
**2200 N. Commerce Pkwy.
Suite, Apt. #, etc.
Suite 200**

City & State
Weston, FL

City & State
Weston, FL

4. FEI Number
23-2247316

Applied For
Not Applicable

Zip Country
33326 U.S.A.

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33326 U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CAMPOS, DELFINA R	
STREET ADDRESS	1601 NORTH HARRISON PKWY, SUITE 100	
CITY-ST-ZIP	SUNRISE FL	
TITLE	ASAT	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, WILLIAM R	
STREET ADDRESS	1601 NORTH HARRISON PKWY, SUITE 100	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VPSC	<input checked="" type="checkbox"/> Delete
NAME	PROVIN, CYNTHIA L	
STREET ADDRESS	1601 N HARRISON PKWY, SUITE 100	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCoy, Scott	
STREET ADDRESS	675 N. Washington, St., Suite 400	
CITY-ST-ZIP	Alexandria, VA 22314	
TITLE	Asst. Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hennessy, Jack	
STREET ADDRESS	675 N. Washington St., Suite 400	
CITY-ST-ZIP	Alexandria, VA 22314	
TITLE	President & COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Provin, Cynthia L.	
STREET ADDRESS	2200 N. Commerce Pkwy., Suite 200	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bartlett, Robert	
STREET ADDRESS	2200 N. Commerce Pkwy., Suite 200	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Naybour, Phil	
STREET ADDRESS	2200 N. Commerce Pkwy., Suite 200	
CITY-ST-ZIP	Weston, FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Signature of Scott McCoy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03 (703) 519-6311
Date Daytime Phone #

CR2E034 (10/02)