2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 18, 2023
Secretary of State
4779538123CC

DOCUMENT# M02000002434

Entity Name: G4S SECURE INTEGRATION LLC

Current Principal Place of Business:

9140 WEST DODGE ROAD
SUITE 100
OMAHA, NE 68114

Current Mailing Address:

161 WASHINGTON STREET
SUITE 600
CONSHOHOCKEN, PA 19428 US

FEI Number: 43-1965877

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER
Name	SECURADYNE SYSTEMS INTERMEDIATE LLC
Address	450 EXCHANGE
City-State-Zip:	IRVINE CA 92602

Title	CHIEF EXECUTIVE OFFICER AND PRESIDENT
Name	JONES, STEVEN S.
Address	450 EXCHANGE
City-State-Zip:	IRVINE CA 92602

Title	VP, INTERNATIONAL BUSINESS DEVELOPMENT
Name	FULLER, TRACY
Address	450 EXCHANGE
City-State-Zip:	IRVINE CA 92602

Title	EVP, SECRETARY
Name	BUCKMAN, DAVID I.
Address	161 WASHINGTON STREET SUITE 600
City-State-Zip:	CONSHOHOCKEN PA 19428

Title	CHIEF FINANCIAL OFFICER AND TREASURER
Name	BRANDT, TIMOTHY E
Address	450 EXCHANGE SUITE 650
City-State-Zip:	IRVINE CA 92602

Title	DIVISION PRESIDENT
Name	BOETHEL, CAREY
Address	3440 SOJOURN DRIVE SUITE 220
City-State-Zip:	CARROLLTON TX 75006

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID I. BUCKMAN SECRETARY 07/18/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date