

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000004210

**Entity Name:** SAFEGUARD SERVICES OF DELAWARE LLC**Current Principal Place of Business:**5400 LEGACY DRIVE  
PLANO, TX 75204**Current Mailing Address:**5400 LEGACY DRIVE  
H4-1H-05  
PLANO, TX 75204 US**FEI Number:** 20-4734389**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T 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**Authorized Person(s) Detail :**

Title	MGR
Name	SECORE, WAYNE M
Address	5400 LEGACY DRIVE
City-State-Zip:	PLANO TX 75204

Title	MGR, COO
Name	SUCHER, CHRISTIANNE
Address	5400 LEGACY DRIVE
City-State-Zip:	PLANO TX 75204

Title	MGR
Name	ISRAELSON, DAVID H
Address	5400 LEGACY DRIVE
City-State-Zip:	PLANO TX 75204

Title	MGR
Name	TOLBERT, STEVE
Address	5400 LEGACY DRIVE
City-State-Zip:	PLANO TX 75204

Title	MANAGER, PRESIDENT
Name	HINZE, DANIEL
Address	5400 LEGACY DRIVE
City-State-Zip:	PLANO TX 75024

Title	CFO
Name	STONESIFER, TIMOTHY C.
Address	3000 HANOVER STREET
City-State-Zip:	PALO ALTO CA 75024

Title	SECRETARY
Name	GALLAGHER, JAMES L.
Address	5400 LEGACY DRIVE
City-State-Zip:	PLANO TX 75024

*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:** JAMES L. GALLAGHER**SECRETARY****03/15/2017**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date