2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004210

Entity Name: SAFEGUARD SERVICES OF DELAWARE LLC

Current Principal Place of Business:

1250 CAMP HILL BYPASS
CAMPHILL, PA 17011-3718

Current Mailing Address:

1875 EXPLORER STREET
2ND FLOOR
RESTON, VA 20190 US

FEI Number: 20-4734369

FILED
Apr 29, 2024
Secretary of State
5350100439CC

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 NORTH CALHOUN ST SUITE A
TALLAHASSEE, FL 32301 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	MANAGER
Name	WENSINGER , JEREMY C.
Address	1875 EXPLORER STREET 2ND FLOOR
City-State-Zip:	RESTON VA 20190

Title	MANAGER, PRESIDENT
Name	HINZE, DANIEL
Address	1250 CAMP HILL BYPASS
City-State-Zip:	CAMPHILL PA 17011-3718

Title	MANAGER
Name	KAY, PHYLLIS
Address	1250 CAMP HILL BYPASS
City-State-Zip:	CAMPHILL PA 17011-3718

Title	SECRETARY
Name	WINNER, JAMES M.
Address	1875 EXPLORER STREET 2ND FLOOR
City-State-Zip:	RESTON VA 20190

Title	MANAGER
Name	ARMIGER, FRANK
Address	1250 CAMP HILL BYPASS
City-State-Zip:	CAMPHILL PA 17011-3718

Title	MANAGER, COO
Name	SUCHER, CHRISTIANNE
Address	1250 CAMP HILL BYPASS
City-State-Zip:	CAMPHILL PA 17011-3718

Title	TREASURER
Name	SHARP, KENNETH P.
Address	1875 EXPLORER STREET 2ND FLOOR
City-State-Zip:	RESTON VA 20190

Title	COMPTROLLER, ASST. TREASURER
Name	LUEBKE, WILLIAM G.
Address	1875 EXPLORER STREET 2ND FLOOR
City-State-Zip:	RESTON VA 20190

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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 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 M. WINNER SECRETARY 04/29/2024

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

Authorized Person(s) Detail Continued :

Title	ASST. SECRETARY
Name	VAN BLARCUM, WILLIAM
Address	1250 CAMP HILL BYPASS
City-State-Zip:	CAMPHILL PA 17011-3718