2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005043

Entity Name: SAP NATIONAL SECURITY SERVICES, INC.

FILED Apr 11, 2015 Secretary of State CC8166378191

Current Principal Place of Business:

3809 WEST CHESTER PIKE

SUITE 200

NEWTOWN SQUARE, PA 19073

Current Mailing Address:

3809 WEST CHESTER PIKE

SUITE 200

NEWTOWN SQUARE, PA 19073 US

FEI Number: 56-2465474 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

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title CORPORATE SECRETARY

Name TESTONI, MARK Name ISOM, AMY DUFFY

Address 3809 WEST CHESTER PIKE Address 3809 WEST CHESTER PIKE SUITE 200

SUITE 200

NEWTOWN SQUARE PA 19073 NEWTOWN SQUARE PA 19073 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

BUTLER, ROBERT H BROWN, H. LOWELL Name Name

3809 WEST CHESTER PIKE 3809 WEST CHESTER PIKE Address Address

SUITE 200 SUITE 200

NEWTOWN SQUARE PA 19073 NEWTOWN SQUARE PA 19073 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title DIRECTOR Name CROWELL, WILLIAM Name KERNAN, JOE

3809 WEST CHESTER PIKE 3809 WEST CHESTER PIKE Address Address

SUITE 200 SUITE 200

City-State-Zip: **NEWTOWN SQUARE PA 19073** City-State-Zip: **NEWTOWN SQUARE PA 19073**

Title **DIRECTOR** Title **DIRECTOR**

Name TOWNSEND, FRANCES Name VINSON, WILLIAM

3809 WEST CHESTER PIKE 3809 WEST CHESTER PIKE Address Address

> SUITE 200 SUITE 200

NEWTOWN SQUARE PA 19073 City-State-Zip: **NEWTOWN SQUARE PA 19073** City-State-Zip:

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 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 above, or on an attachment with all other like empowered.

04/11/2015 **CORPORATE** SIGNATURE: AMY DUFFY ISOM **SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date