

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000663

Entity Name: SECURITAS CRITICAL INFRASTRUCTURE SERVICES, INC.**Current Principal Place of Business:**6850 VERSAR CENTER, STE. 400
SPRINGFIELD, VA 22151**Current Mailing Address:**LAURA POLTE; LEGAL DEPT
4330 PARK TERRACE DRIVE
WESTLAKE VILLAGE, CA 91361 US**FEI Number:** 62-1415679**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
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	CD
Name	FREEZE, JAMES E
Address	6850 VERSAR CENTER, STE. 400
City-State-Zip:	SPRINGFIELD VA 22151

Title	D
Name	JOLLY, THOMAS R
Address	6850 VERSAR CENTER, STE. 400
City-State-Zip:	SPRINGFIELD VA 22151

Title	CEO, TREASURER
Name	SANDKUHLER, KEVIN
Address	6850 VERSAR CENTER, SUITE 400
City-State-Zip:	SPRINGFIELD VA 22151

Title	PRESIDENT
Name	HICKIE, RON
Address	6850 VERSAR CENTER, SUITE 400
City-State-Zip:	SPRINGFIELD VA 22151

Title	VCD
Name	BASHAM, JR., RALPH W
Address	6850 VERSAR CENTER, STE. 400
City-State-Zip:	SPRINGFIELD VA 22151

Title	D
Name	OXLEY, MICHAEL G
Address	6850 VERSAR CENTER, STE. 400
City-State-Zip:	SPRINGFIELD VA 22151

Title	VP, SECRETARY
Name	HOWELL, MARK
Address	6850 VERSAR CENTER, SUITE 400
City-State-Zip:	SPRINGFIELD VA 22151

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.

SIGNATURE: MARK HOWELL**SECRETARY****04/20/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date