

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004585

Entity Name: U.S. SECURITY HOLDINGS, INC.**Current Principal Place of Business:**161 WASHINGTON STREET
SUITE 600
CONSHOHOCKEN, PA 19428**Current Mailing Address:**161 WASHINGTON STREET
SUITE 600
CONSHOHOCKEN, PA 19428 US**FEI Number:** 58-2507578**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/CEO
Name JONES, STEVEN S.
Address 1551 N. TUSTIN AVENUE, SUITE 650
City-State-Zip: SANTA ANA CA 92705

Title TREASURER/CFO
Name SMITH, KEVIN S.
Address 1551 N. TUSTIN AVE., SUITE 650
City-State-Zip: SANTA ANA CA 92705

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

Title DIRECTOR
Name TORZOLINI, WILLIAM A.
Address 161 WASHINGTON STREET
 SUITE 600
City-State-Zip: CONSHOHOCKEN PA 19428

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

Title VP
Name MALONE, PAULA
Address 1551 N. TUSTIN AVE., SUITE 650
City-State-Zip: SANTA ANA CA 19428

Title DIRECTOR
Name JONES, STEVEN S.
Address 1551 N. TUSTIN AVENUE, SUITE 650
City-State-Zip: SANTA ANA CA 92705

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: DAVID I. BUCKMAN**SECRETARY****05/30/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date