

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000001334

**Entity Name:** 3SI SECURITY SYSTEMS, INC.

**Current Principal Place of Business:**

101 LINDENWOOD DRIVE  
SUITE 200  
MALVERN, PA 19355

**Current Mailing Address:**

101 LINDENWOOD DRIVE  
SUITE 200  
MALVERN, PA 19355 US

**FEI Number:** 37-1434250

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
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

**Officer/Director Detail :**

Title D/P  
Name LEGGETT, TODD  
Address 101 LINDENWOOD DRIVE  
SUITE 200  
City-State-Zip: MALVERN PA 19355

Title DIRECTOR  
Name STIENES, DAVID  
Address 101 LINDENWOOD DRIVE  
SUITE 200  
City-State-Zip: MALVERN PA 19355

Title DIRECTOR  
Name LEVENBERG, MICHAEL  
Address 101 LINDENWOOD DRIVE  
SUITE 200  
City-State-Zip: MALVERN PA 19355

Title CFO/ SECRETARY  
Name PULLEN, SCOTT  
Address 101 LINDENWOOD DR  
City-State-Zip: MALVERN PA 19355

*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:** SCOTT PULLEN

**SEC**

**01/23/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date