

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000000177

**Entity Name:** #1 A LIFESAFER, INC.

**Current Principal Place of Business:**

3630 PARK 42 DRIVE  
SUITE 140C  
CINCINNATI, OH 45241

**Current Mailing Address:**

3630 PARK 42 DRIVE  
SUITE 140C  
CINCINNATI, OH 45241 US

**FEI Number:** 31-1334685

**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	CFO
Name	JOSEPH, SOVCIK J
Address	1241 W. MINERAL AVE.
City-State-Zip:	LITTLETON CO 80120
Title	VICE PRESIDENT AND SECRETARY
Name	ALT, SHAWN
Address	1453 THIRD STREET PROMENADE SUITE 300
City-State-Zip:	SANTA MONICA CA 90401

Title	CEO/PRESIDENT
Name	CHRIS, LINTHWAITE
Address	1241 W MINERAL AVE
City-State-Zip:	LITTLETON CO 80120
Title	VICE PRESIDENT AND TREASURER
Name	FOHRER, ANDREW
Address	1453 THIRD STREET PROMENADE SUITE 300
City-State-Zip:	SANTA MONICA CA 90401

*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:** SHAWN ALT

**SECRETARY**

**04/22/2024**

Electronic Signature of Signing Officer/Director Detail

Date