

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000002617

**Entity Name:** THREAT X, INC.**Current Principal Place of Business:**363 CENTENNIAL PKWY., STE. 150  
LOUISVILLE, CO 80027**Current Mailing Address:**363 CENTENNIAL PKWY., STE. 150  
LOUISVILLE, CO 80027 US**FEI Number:** 47-2300857**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  
Name            FAY, GENE  
Address        104 ATLANTIC AVE  
City-State-Zip: SEABROOK NH 03874

Title            DIRECTOR  
Name            AXBEY, TOM  
Address        3 WELLINGTON ST, UNIT 1  
City-State-Zip: BOSTON MA 02118

Title            DIRECTOR  
Name            FREDRICK, STEVE  
Address        9722 GROFFS MILL DRIVE, SUITE 856  
City-State-Zip: OWINGS MILLS MD 21117

Title            DIRECTOR  
Name            ROBERTS, TOM  
Address        5702 GROVE AVENUE, SUITE 200  
City-State-Zip: RICHMOND VA 23226

Title            SECRETARY  
Name            SETTLE, EDWIN  
Address        109 MONTURA DR  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title            DIRECTOR  
Name            DRACON, GREG  
Address        470 ATLANTIC AVE, 12TH FLOOR  
City-State-Zip: BOSTON MA 02210

Title            DIRECTOR  
Name            MEDICINO, FRED  
Address        8787 TURNPIKE DRIVE, SUITE 260  
City-State-Zip: WESTMINSTER CO 80031

Title            CFO  
Name            MERRILL, ELIZABETH  
Address        124 FOREST STREET  
City-State-Zip: WINCHESTER MA 22017

*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:** ELIZABETH MERRILL**CFO****02/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date