

2022 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:** Yes**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 SECRETARY
Name SETTLE, EDWIN
Address 109 MONTURA DR
City-State-Zip: PONTE VEDRA BEACH FL 32082

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

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

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

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

Title DIRECTOR
Name GROLNICK, ANDREW
Address 3903 DIVOT COURT
City-State-Zip: LONGMONT CO 80503

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: EUGENE FAY**PRESIDENT****03/22/2022**

Electronic Signature of Signing Officer/Director Detail

Date