

Michael G. Adams Kentucky Secretary of State Received and Filed: 6/15/2023 2:20 PM Fee Receipt: \$90.00

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## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

<b>Division of Business Filings</b>
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority (Foreign Business Entity) FBE

Pursuant to the provisions of KRS 14A – 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a:	× profit corporation	nonprofit corporation	professional limited	liability company
	business trust	limited liability company	statutory trust	
	limited partnership	Itd cooperative association	public benefit corpo	oration
	non-profit llc	professional service corporation	other	
2. The name of the	entity is Ameristar Perimeter Sect (The name must be in	urity USA Inc. Jentical to the name on record with the s	Secretary of State.)	
	entity to be used in Kentucky is (if ap	(Only provide if "real name"	is unavailable for use; other	vise, leave blank.)
	ntry under whose law the entity is org	anized is Delaware		
5. The date of organ	5. The date of organization is 08/22/2013and the period of duration is			
<ol><li>The mailing address of the entity's principal office is 1555 North Mingo Road</li></ol>		Tulsa	(If left blank, duration is OK	74116
Street Address		City	State	Zip Code
7. The street addres 306 W. Main Street	ss of the entity's registered office in F eet. Suite 512	Kentucky is Frankfort	KY	40601
	P.O. Box Numbers)	City	State	Zip Code
and the name of the	registered agent at that office is $\_C$	T Corporation System		
8. The names and b	ousiness addresses of the entity's re	presentatives (secretary, officers and direct	ors, managers, trustees or gen	eral partners):
See attached rider	r			
Name	Street or P.O. I	Box City	State	Zip Code
Name	Street or P.O. I	3ox City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

City

State

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

Street or P.O. Box

12.I f a limited liability company, check box if manager-managed:

13. This application will be effective upon filing.

Signature of Authorized Representative

Joseph P. Hurley Treasurer Printed Name & Title

**Zip Code** 

I, C T Corporation System		, consent to serve as the registered agent on behalf of the business entity.			
Type/Print Name	e of Registered Agent		_		-
_ CT	Corporation System	<b>a</b> • • •			06/14/201

By: Salvina Amenta-Gray	Salvina Amenta-Gray	Vice President	
Signature of Registered Agent	Printed Name	Title	Date

Name

## Ameristar Perimeter Security USA Inc.

## **OFFICERS & DIRECTORS**

TITLE	NAME	BUSINESS ADDRESS	OFFICER	DIRECTOR
	Lucas Boselli	ASSA ABLOY Inc. 110 Sargent Drive New Haven, CT 06511		x
Vice President	David M. Ambrosini	ASSA ABLOY Inc. 110 Sargent Drive New Haven, CT 06511	x	x
President	Keith Armour	Ameristar Perimeter Security USA 1555 N. Mingo Road Tulsa, OK  74116	x	x
Vice President, Finance	Lori Pool	Ameristar Perimeter Security USA 1555 N. Mingo Road Tulsa, OK 74116	x	
Secretary	L. Page Heslin	ASSA ABLOY Inc. 110 Sargent Drive New Haven, CT 06511	x	
Treasurer	Joseph P. Hurley	ASSA ABLOY Inc. 110 Sargent Drive New Haven, CT 06511	x	
	Marina Lindholm	ASSA ABLOY Entrance System Group Lodjursgatan 10 SE-261 22 Landskrona, Sweden		X
Head of Entrance Systems	Massimo Grassi	ASSA ABLOY Entrance System Group Lodjursgatan 10 SE-261 22 Landskrona, Sweden		X