

|  |           |  |          |   |         |                      |  |
|--|-----------|--|----------|---|---------|----------------------|--|
| No. <b>C 187885</b>  |           | <b>Due no later than Jul 31, 2018</b>  |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>                              |         |                      |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |           | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>SICOM SYSTEMS, INC.<br>SARAI SMITH<br>1684 S. BROAD STREET<br>300<br>LANSDALE PA 19446 |          | REGISTERED AGENT SOLUTIONS INC<br>921 S ORCHARD ST STE G<br>BOISE ID 83705-1890 |         |                      |  |
|  |           |  |          | 3. <u>New</u> Registered Agent Signature:*                                      |         |                      |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |           |  |          |   |         |                      |  |
| Office Held  | Name      | Street or PO Address   | City     | State   | Country | Postal Code          |  |
| PRESIDENT  | JIM FLYNN | 1684 S. BROAD STREET SUITE 300   | LANSDALE | PA  | USA     | 19446                |  |
| 5. Organized Under the Laws of:  |           | 6. Annual Report must be signed.*  |          |   |         |                      |  |
| <b>PA</b><br><b>C 187885</b>   |           | Signature: Sarai Smith   |          |   |         | Date: 05/23/2018     |  |
|  |           | Name (type or print): Sarai Smith  |          |   |         | Title: AP Supervisor |  |
| Processed 05/23/2018   |           | * Electronically provided signatures are accepted as original signatures.  |          |   |         |                      |  |