

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000003990

**Entity Name:** MACE NORTH AMERICA LIMITED CORPORATION

**Current Principal Place of Business:**

3500 LENOX ROAD  
SUITE 1500  
ATLANTA, GA 30326

**FILED**  
**Apr 09, 2024**  
**Secretary of State**  
**1313209940CC**

**Current Mailing Address:**

3500 LENOX ROAD  
SUITE 1500  
ATLANTA, GA 30326 US

**FEI Number:** 45-2795674

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
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, MACE AMERICAS  
Name            JAIN, PRIYA  
Address        3500 LENOX ROAD  
                 SUITE 1500  
City-State-Zip: ATLANTA GA 30326

Title            DIRECTOR  
Name            JAIN, PRIYA  
Address        3500 LENOX ROAD  
                 SUITE 1500  
City-State-Zip: ATLANTA GA 30326

Title            MANAGING DIRECTOR  
Name            JAIN, PRIYA  
Address        3500 LENOX ROAD  
                 SUITE 1500  
City-State-Zip: ATLANTA GA 30326

Title            CFO  
Name            OTHEN, CHRIS  
Address        3500 LENOX ROAD  
                 SUITE 1500  
City-State-Zip: ATLANTA GA 30326

Title            CEO  
Name            MILLETT, JASON  
Address        3500 LENOX ROAD  
                 SUITE 1500  
City-State-Zip: ATLANTA GA 30326

Title            DIRECTOR  
Name            DABASIA, DAVENDRA  
Address        3500 LENOX ROAD  
                 SUITE 1500  
City-State-Zip: ATLANTA GA 30326

Title            SECRETARY  
Name            PATE, CAROLYN  
Address        3500 LENOX ROAD  
                 SUITE 1500  
City-State-Zip: ATLANTA GA 30326

Title            DIRECTOR  
Name            MILLETT, JASON  
Address        3500 LENOX ROAD  
                 SUITE 1500  
City-State-Zip: ATLANTA GA 30326

**Continues on page 2**

*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:** PRIYA JAIN

**MANAGING DIRECTOR**

**04/09/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            OTHER, CHRIS  
Address        3500 LENOX ROAD  
                 SUITE 1500  
City-State-Zip: ATLANTA GA 30326