

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003596

FILED
Apr 12, 2012
Secretary of State

Entity Name: DIGITAL INFRARED IMAGING, INC.

Current Principal Place of Business:

515 COOPER COMMERCE DRIVE
SUITE 150
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

27700 SW PARKWAY AVENUE
WILSONVILLE, OR 97070

New Mailing Address:

FEI Number: 20-1277964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DIR
Name: LEWIS, EARL R
Address: 27700 SW PARKWAY AVENUE
City-St-Zip: WILSONVILLE, OK 97770

Title: DIR
Name: DAVIS, WILLIAM W
Address: 27700 SW PARKWAY AVENUE
City-St-Zip: WILSONVILLE, OR 97070

Title: DIR
Name: SUNDERMEIER, WILLIAM A
Address: 27700 SW PARKWAY AVENUE
City-St-Zip: WILSONVILLE, OR 97070

Title: PRES
Name: SUNDERMEIER, WILLIAM A
Address: 27700 SW PARKWAY AVENUE
City-St-Zip: WILSONVILLE, OR 97070

Title: GM
Name: TUCKER, KEVIN
Address: 27700 SW PARKWAY AVENUE
City-St-Zip: WILSONVILLE, OR 97070

Title: CFO
Name: JORDAN, SEAN
Address: 27700 SW PARKWAY AVENUE
City-St-Zip: WILSONVILLE, OR 97070

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: HEATHER F. CHRISTIANSEN

ASE

04/12/2012

Electronic Signature of Signing Officer or Director

_____ Date