

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUL 23 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07102008 Chg-P CR2E034 (12/06)

4. FEI Number **77-0280662** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

NRAI SERVICES INC.  
526 E. PARK AVENUE  
TALLAHASSEE, FL 32301

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP CHEN, ROBERT I 3775 N 1ST STREET SAN JOSE, CA 95134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEISEL, LYLE 226 MADISON AVE ST. MICHAELS, MD 21663 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANZRAICH, NEIL 10 TAHITI BEACH ROAD CORAL GABLES, FL 33143 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCS OWNBY, MICHAEL 3775 N 1ST STREET SAN JOSE, CA 95134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO GAUSMAN, RANDALL 3775 N 1ST ST SAN JOSE, CA 95134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VERVAIS, GREG 3775 N 1ST ST SAN JOSE, CA 95134 <input checked="" type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael R Ownby*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL R OWNBY** 7-10-08 408-952-8414  
Date Daytime Phone #

# Payment Remittance Advice

Feb 29, 2008

From Payer:	RAE Systems INC LE	To Payee:	Florida Department of Revenue
	3775 North First Street		5050 W. Tennessee St
	San Jose		Tallahassee
	CA		FL
	US		US
		Bank Name	
		Bank Account	

The following payment has been remitted.

Payment Reference Number	184
Paper Document Number	218
Payment Date	Feb 29, 2008
Payment Currency	USD
Payment Amount	150.00

Remittance Detail					
Document Reference Number	Document Date	Document Amount	Document Currency	Amount Withheld	Discount Taken
CKRQ021508	Feb 15, 2008	150.00	USD		.00
Total					.00

150.00

150.00