

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000005117

**Entity Name:** VIRTRA SYSTEMS, INC.**Current Principal Place of Business:**7970 S. KYRENE ROAD  
TEMPE, AZ 85284**Current Mailing Address:**7970 S. KYRENE ROAD  
TEMPE, AZ 85284 US**FEI Number:** 93-1207631**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  
Name            FERRIS, ROBERT D.  
Address        7970 S. KYRENE ROAD  
City-State-Zip: TEMPE AZ 85284

Title            TREASURER  
Name            HENRY, JUDY A.  
Address        7970 S. KYRENE ROAD  
City-State-Zip: TEMPE AZ 85284

Title            DIRECTOR  
Name            SALTZ, MITCHELL A  
Address        7970 S. KYRENE ROAD  
City-State-Zip: TEMPE AZ 85284

Title            DIRECTOR  
Name            BURLEND, MATTHEW D.  
Address        7970 S. KYRENE ROAD  
City-State-Zip: TEMPE AZ 85284

Title            DIRECTOR  
Name            RICHARDSON, JIM  
Address        7970 S. KYRENE ROAD  
City-State-Zip: TEMPE AZ 85284

Title            SECRETARY  
Name            HENRY, JUDY A.  
Address        7970 S. KYRENE ROAD  
City-State-Zip: TEMPE AZ 85284

Title            DIRECTOR  
Name            BROWN, JEFFREY D.  
Address        7970 S. KYRENE ROAD  
City-State-Zip: TEMPE AZ 85284

Title            DIRECTOR  
Name            FERRIS, ROBERT D.  
Address        7970 S. KYRENE ROAD  
City-State-Zip: TEMPE AZ 85284

*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: ROBERT D. FERRIS****PRESIDENT****04/05/2018**

Electronic Signature of Signing Officer/Director Detail

Date