

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000005477

**Entity Name:** FLIR SURVEILLANCE, INC.

**Current Principal Place of Business:**

27700 SW PARKWAY AVE.  
WILSONVILLE, OR 97070

**Current Mailing Address:**

27700 SW PARKWAY AVE.  
WILSONVILLE, OR 97070

**FEI Number:** 30-0747020

**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 CHRM  
Name SURRAN, THOMAS A  
Address 27700 SW PARKWAY AVE.  
City-State-Zip: WILSONVILLE OR 97070

Title P  
Name SURRAN, THOMAS A  
Address 27700 SW PARKWAY AVE.  
City-State-Zip: WILSONVILLE OR 97070

Title SD  
Name TRUNZO, ANTHONY L  
Address 27700 SW PARKWAY AVE.  
City-State-Zip: WILSONVILLE OR 97070

Title D  
Name DUCHENE, TODD M  
Address 27700 SW PARKWAY AVE.  
City-State-Zip: WILSONVILLE OR 97070

Title ASSISTANT SECRETARY  
Name CHRISTIANSEN, HEATHER F  
Address 27700 SW PARKWAY AVE.  
City-State-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

**ASSISTANT SECRETARY 04/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date