

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002270

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** FLIR COMMERCIAL VISION SYSTEMS, INC.

**Current Principal Place of Business:**

27700 SW PARKWAY AVENUE  
WILSONVILLE, OR 97070

**New Principal Place of Business:**

**Current Mailing Address:**

27700 SW PARKWAY AVENUE  
WILSONVILLE, OR 97070

**New Mailing Address:**

**FEI Number:** 93-0708501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES INC.  
515 E. 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:** PD  
**Name:** LEWIS, EARL R  
**Address:** 27700 SW PARKWAY AVENUE  
**City-St-Zip:** WILSONVILLE, OR 97070

**Title:** PRES  
**Name:** TEICH, ANDREW C  
**Address:** 27700 SW PARKWAY AVENUE  
**City-St-Zip:** WILSONVILLE, OR 97070

**Title:** CFO  
**Name:** TRUNZO, TONY  
**Address:** 27700 SW PARKWAY AVENUE  
**City-St-Zip:** WILSONVILLE, OR 97070

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

**Title:** A SE  
**Name:** STRAUB, CARL J  
**Address:** 27700 SW PARKWAY AVENUE  
**City-St-Zip:** WILSONVILLE, OR 97070

**Title:** A SE  
**Name:** CHRISTIANSEN, HEATHER F  
**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