

F04 00003596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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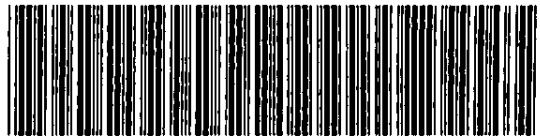
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DIGITAL INFRARED IMAGING, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F06000000109

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORETTA MCCOOL  
Name of Contact Person

UNISEARCH, INC.  
Firm/Company

325 13TH ST NE STE 501  
Address

SALEM, OR 97301  
City/State and Zip Code

LORETTA.MCCOOL@UNISEARCH.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORETTA MCCOOL at ( 800 ) 554-3113, EXT. 1010  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DIGITAL INFRARED IMAGING, INC.
2. The principal office address: 27700 SW PARKWAY AVENUE, WILSONVILLE, OR 97070
3. The mailing address (if different): 27700 SW PARKWAY AVENUE, WILSONVILLE, OR 97070
4. Date of incorporation/qualification: 06/24/2004 Document number: F04000003596
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

DRAFTS, WILLIAM A MR

515 COOPER COMMERCE DRIVE, SUITE 150

APOPKA FL 32703

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI SERVICES, INC.

515 EAST PARK AVENUE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Heather F. Christian  
Signature of an officer or director

HEATHER F. CHRISTIANSEN  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

by: Bretta A. McCall, Asst Sec.  
Signature of Registered Agent

11-2-2010  
Date

If signing on behalf of an entity:

NRAI SERVICES, INC.

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED  
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SECRETARY OF STATE  
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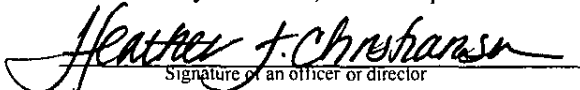
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Signature of an officer or director

HEATHER F. CHRISTIANSEN  
Printed or typed name and title

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by:   
Signature of Registered Agent

11-2-2010  
Date

If signing on behalf of an entity:

NRAI SERVICES, INC.

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

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