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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DIGITAL INFRARED IM/ Name of Corpor	
DOCUMENT NUMBER: F060000	000109
The enclosed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
LORETTA MCO Name of Contact	COOL Person
UNISEARCH,	
·	•
325 13TH ST NE Address	STE 501
Addiess	
SALEM OD 0	7301
SALEM, OR 9 City/State and Zip	o Code
LORETTA.MCCOOL@UN E-mail address: (to be used for future	
For further information concerning this matter, please call:	
LORETTA MCCOOL at	(800) 554-3113, EXT. 1010 Area Code & Daytime Telephone Number
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	Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida ange is submitted for a corporation organized under the laws of the State of ler to change its registered office or registered agent, or both, in the State of	<u></u>
	the corporation: DIGITAL INFRARED IMAGING, INC. d office address: 27700 SW PARKWAY AVENUE, WILSONVILL	E, OR 97070
3. The mailing	address (if different): 27700 SW PARKWAY AVENUE, WILSON	VILLE, OR 97070
4. Date of incom	rporation/qualification: 06/24/2004 Document number:	F04000003596
	nd street address of the current registered agent and registered office on file vartment of State: (If resigned, enter resigned)	vith the
	DRAFTS, WILLIAM A MR	A SE
	515 COOPER COMMERCE DRIVE, SUITE 150	FEBIT PA
	APOPKA FL 32703	FILEB B 17 1 ETARY HASSE
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered of	
	NRAI SERVICES, INC.	_ DM
	515 EAST PARK AVENUE	
	P.O Box NOT acceptable	
	TALLAHASSEE, FL 32301	_
The street addr as changed wil	ress of its registered office and the street address of the business office of I be identical.	its registered agent,
Such change w authorized by t	ras authorized by resolution duly adopted by its board of directors or by a he board, or the corporation has been notified in writing of the change.	nn officer so
HEALTHEIN Signatu	Thusbanson HEATHER F. C. are of an officer or director Printed or typed name and	
I hereby accept I further agree of my duties, an document is be corporation ha	I the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and cond I am familiar with and accept the obligation of my position as registering filed merely to reflect a change in the registered office address, I here is been notified in writing of this change.	omplete performance red agent. Or, if this eby confirm that the
by: By	tta Common Asst Sec. 11-2-2010 grature of Registered/Agent Date	
If signing on be	ehalf of an entity:	
	AI 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 CR2E045 (8/05)

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

statement of ch	hange is submitted for a c	orporation organize	607.1508, or 617.1508, Flo ed under the laws of the Sta d agent, or both, in the Stat	te of Delaw		
	• — — — — — — — — — — — — — — — — — — —		ED IMAGING, INC. AVENUE, WILSONV		97070	
3. The mailing	address (if different): 27	700 SW PARK	WAY AVENUE, WILS	ONVILLE,	OR 97070	
4. Date of inco	orporation/qualification:	06/24/2004	Document number:	F04000	003596	
	nd street address of the cu artment of State: (If resign		nt and registered office on f	ile with the		
	DRAFTS, WILLIA	M A MR			₹	
	515 COOPER CO		/E. SUITE 150		SECK	1
	APOPKA FL 3270				ECRETAR LLAHASS	.
6. The name ar (if changed)		· ·	if changed) and /or register	ed office	- 333 40 A	ILED 17 91 1:30
	515 EAST PARK	AVENUE			➣	
		P.O. Box NOT ac	ceptable			
	TALLAHASSEE, F	L 32301				
The street addras changed will	ress of its registered officell be identical.	ce and the street add	dress of the business office	e of its regist	ered agent,	
Such change vauthorized by	vas authorized by resolut the board, or the corpora	tion duly adopted by tion has been notifi	y its board of directors or led in writing of the chang	by an officer	so	
Heather	y t.Chrestan	sh	HEATHER F.	CHKIS		5N/
I hereby accep	the Another or director of the appointment as reg to comply with the provind I am familiar with an eing filed merely to reflect as been notified in writin	ristered agent and a isions of all statute d accept the obliga ct a change in the ro g of this change.	Printed or typed nam agree to act in this capacit is relative to the proper an tion of my position as reg egistered office address, I	tı,	erformance . Or, if this rm that the	
by: By	otta L. C. D. ignature of Registered/Agent	Asst Sec.	11-2-20/ Date	٥		
If signing on b	ehalf of an entity:					
<u>NR</u>	AI SERVICES, INC.					
· - · - · - ·	Typed or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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