

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90260 044 ***150.00

DOCUMENT # F05000001124

1. Entity Name

RAE SYSTEMS INC



Principal Place of Business

**1339 MOFFETT PARK DRIVE
SUNNYVALE CA 94089**

Mailing Address

**1339 MOFFETT PARK DRIVE
SUNNYVALE CA 94089**

2. Principal Place of Business

3775 N. 1ST ST.

Suite, Apt. #, etc.

3. Mailing Address

3775 N. 1ST ST.

Suite, Apt. #, etc.

City & State

SAN JOSE, CA

Zip

95134

Country

City & State

SAN JOSE, CA

Zip

95134

Country

4. FEI Number

77-0280662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

**NRAI SERVICES INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete

NAME **CHEN, ROBERT I**
STREET ADDRESS **14265 BERRY HILL COURT**
CITY-ST-ZIP **LOS ALTOS CA 94022**

TITLE D ☐ Delete

NAME **FEISEL, LYLE**
STREET ADDRESS **226 MADISON AVE**
CITY-ST-ZIP **ST. MICHAELS MD 21663**

TITLE D ☐ Delete

NAME **FLANZRAICH, NEIL**
STREET ADDRESS **10 TAHITI BEACH ROAD**
CITY-ST-ZIP **CORAL GABLES FL 33143**

TITLE ST ☒ Delete

NAME **MATSUOKA, LEA ANNE**
STREET ADDRESS **26990 ARASHRADERO ROAD**
CITY-ST-ZIP **LOS ALTOS CA 94022**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☒ Change ☐ Addition

NAME **CHEN, ROBERT I.**
STREET ADDRESS **3775 N. 1ST ST.**
CITY-ST-ZIP **SAN JOSE, CA 95134**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER + CORPORATE SECRETARY** ☒ Change ☒ Addition

NAME **OWNBY, MICHAEL**
STREET ADDRESS **3775 N. 1ST ST.**
CITY-ST-ZIP **SAN JOSE, CA 95134**

TITLE **VP + CFO** ☐ Change ☒ Addition

NAME **MORGAN, DONALD W.**
STREET ADDRESS **3775 N. 1ST ST.**
CITY-ST-ZIP **SAN JOSE, CA 95134**

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Ownby **MICHAEL OWNBY**

3/13/06

408-952-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #