

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUL 23 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07102008 Chg-P CR2E034 (12/06)

4. FEI Number **77-0280662** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 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 \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

|                                                |                                                                                                         |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CP<br>CHEN, ROBERT I<br>3775 N 1ST STREET<br>SAN JOSE, CA 95134 <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FEISEL, LYLE<br>226 MADISON AVE<br>ST. MICHAELS, MD 21663 <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FLANZRAICH, NEIL<br>10 TAHITI BEACH ROAD<br>CORAL GABLES, FL 33143 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TCS<br>OWNBY, MICHAEL<br>3775 N 1ST STREET<br>SAN JOSE, CA 95134 <input type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VCFO<br>GAUSMAN, RANDALL<br>3775 N 1ST ST<br>SAN JOSE, CA 95134 <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>VERVAIS, GREG<br>3775 N 1ST ST<br>SAN JOSE, CA 95134 <input checked="" type="checkbox"/> Delete   |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 R Ownby*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*MICHAEL R OWNBY* 7-10-08 408-952-8414  
Date Daytime Phone #

# Payment Remittance Advice

Feb 29, 2008

|             |                                                                       |              |                                                                                  |
|-------------|-----------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------|
| From Payer: | RAE Systems INC LE<br>3775 North First Street<br>San Jose<br>CA<br>US | To Payee:    | Florida Department of Revenue<br>5050 W. Tennessee St<br>Tallahassee<br>FL<br>US |
|             |                                                                       | Bank Name    |                                                                                  |
|             |                                                                       | Bank Account |                                                                                  |

The following payment has been remitted.

|                          |              |
|--------------------------|--------------|
| Payment Reference Number | 184          |
| Paper Document Number    | 218          |
| Payment Date             | Feb 29, 2008 |
| Payment Currency         | USD          |
| Payment Amount           | 150.00       |

| Remittance Detail         |               |                 |                   |                 |                |
|---------------------------|---------------|-----------------|-------------------|-----------------|----------------|
| Document Reference Number | Document Date | Document Amount | Document Currency | Amount Withheld | Discount Taken |
| CKRQ021508                | Feb 15, 2008  | 150.00          | USD               |                 | .00            |
| Total                     |               |                 |                   |                 | .00            |