2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007043

Entity Name: RAYMARINE, INC.

Current Principal Place of Business:

9 TOWNSEND WEST
NASHUA, NH 03063

Current Mailing Address:

27700 SW PARKWAY AVENUE
WILSONVILLE, OR 97070 US

FEI Number: 02-0522364

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title	PRESIDENT/DIRECTOR		Title	VP
Name	SURRAN, THOMAS A.		Name	RENCKEN, LARRY
Address	27700 SW PARKWAY AVENUE		Address	27700 SW PARKWAY AVENUE
City-State-Zip:	WILSONVILLE OR 97070		City-State-Zip:	WILSONVILLE OR 97070
Title	CFO		Title	TREA
Name	MCNICKLE, CYNTHIA J.		Name	MURPHY, KEVIN
Address	27700 SW PARKWAY AVENUE		Address	27700 SW PARKWAY AVENUE
City-State-Zip:	WILSONVILLE OR 97070		City-State-Zip:	WILSONVILLE OR 97070
Title	S/D		Title	AS
Name	DAVIS, WILLIAM		Name	CHRISTIANSEN, HEATHER F
Address	27700 SW PARKWAY AVENUE		Address	27700 SW PARKWAY AVENUE
City-State-Zip:	WILSONVILLE OR 97070		City-State-Zip:	WILSONVILLE OR 97070
Title	DIRECTOR			
Name	TRUNZO, ANTHONY L.			
Address	27700 SW PARKWAY AVENUE			
City-State-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   ASSISTANT SECRETARY   01/07/2014
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Electronic Signature of Signing Officer/Director Detail   Date