

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000007043

**Entity Name:** FLIR MARITIME US, INC.

**Current Principal Place of Business:**

9 TOWNSEND WEST  
NASHUA, NH 03063

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC9438677303**

**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  
Name            SURRAN, THOMAS A.  
Address        27700 SW PARKWAY AVENUE  
City-State-Zip: WILSONVILLE OR 97070

Title            CFO  
Name            TRUNZO, ANTHONY L.  
Address        27700 SW PARKWAY AVENUE  
City-State-Zip: WILSONVILLE OR 97070

Title            S/D  
Name            DUCHENE, TODD M  
Address        27700 SW PARKWAY AVENUE  
City-State-Zip: WILSONVILLE OR 97070

Title            AS  
Name            CHRISTIANSEN, HEATHER F  
Address        27700 SW PARKWAY AVENUE  
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    01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date