

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000005271

**FILED**  
**Feb 27, 2023**  
**Secretary of State**  
**3161981540CC**

**Entity Name:** REDFLEX TRAFFIC SYSTEMS, INC.

**Current Principal Place of Business:**

1150 N. ALMA SCHOOL ROAD  
MESA, AZ 85201

**Current Mailing Address:**

1150 N. ALMA SCHOOL ROAD  
MESA, AZ 85201 US

**FEI Number:** 94-3292233

**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 DIRECTOR, PRESIDENT, CEO  
Name ROBERTS, DAVID  
Address 1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

Title SECRETARY  
Name AVRAHAM, RAPHAEL  
Address 1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

Title ASST. SECRETARY  
Name WILLIAMS, KRISTIN  
Address 1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

Title ASST. SECRETARY  
Name YOUNG, KRISTEN  
Address 1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

Title ASST. TREASURER  
Name KOEHN, BRIAN  
Address 1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

Title VP, NATIONAL CONSTRUCTION  
Name RENZI, CHRISTOPHER  
Address 1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

Title EXECUTIVE VICE PRESIDENT  
Name BALDWIN, JONATHAN  
Address 1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

Title CFO, TREASURER  
Name CONTI, CRAIG  
Address 1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

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*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:** KRISTIN WILLIAMS

**ASSISTANT SECRETARY 02/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            CONTI, CRAIG  
Address        1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201