

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000005271

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

**Current Principal Place of Business:**

1150 N. ALMA SCHOOL ROAD  
MESA, AZ 85201

**FILED**  
**Apr 23, 2024**  
**Secretary of State**  
**8497420526CC**

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

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

Title ASSISTANT SECRETARY  
Name YOUNG, KRISTEN  
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 ASSISTANT TREASURER  
Name KOEHN, BRIAN  
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 DIRECTOR  
Name CONTI, CRAIG  
Address 1150 N. ALMA SCHOOL ROAD  
City-State-Zip: MESA AZ 85201

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

**Continues on page 2**

*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: RAPHAEL AVRAHAM**

**SECRETARY**

**04/23/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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