

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001652

Entity Name: FLIR SYSTEMS, INC.

Current Principal Place of Business:

27700 SW PARKWAY AVENUE
WILSONVILLE, OR 97070

Current Mailing Address:

27700 SW PARKWAY AVENUE
WILSONVILLE, OR 97070

FEI Number: 93-0708501

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 CHAIRMAN
Name LEWIS, EARL R
Address 27700 SW PARKWAY AVENUE
City-State-Zip: WILSONVILLE OR 97070

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

Title SEC
Name DAVIS, WILLIAM W
Address 27700 SW PARKWAY AVENUE
City-State-Zip: WILSONVILLE OR 97070

Title VP
Name MUESSLE, DAVE
Address 27700 SW PARKWAY AVENUE
City-State-Zip: WILSONVILLE OR 97070

Title PRESIDENT, CEO
Name TEICH, ANDREW C.
Address 27700 SW PARKWAY AVENUE
City-State-Zip: WILSONVILLE OR 97070

Title TREASURER
Name HARRISON, SHANE
Address 27700 SW PARKWAY AVENUE
City-State-Zip: WILSONVILLE OR 97070

Title ASSISTANT SECRETARY
Name CHRISTIANSEN, HEATHER F.
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

Electronic Signature of Signing Officer/Director Detail

_____ Date