

1.) CORPORATION NAME:

Tektronix, Inc.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0153298**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OR

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14150 SW KARL BRAUN DR
P O BOX 500 M/S 50-TAX

CITY/ST/ZIP: BEAVERTON, OR 97077-0001

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	AMIR AGHDAEI	
TITLE:	PRESIDENT	
ADDRESS:	14150 SW KARL BRAUN DR PO BOX 500, M/S 50-493 BEAVERTON, OR 97077-0001	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAN ERIK BARKENAES	
TITLE:	VICE PRESIDENT	
ADDRESS:	14150 SW KARL BRAUN DRIVE P O BOX 500, M/S 50-470 BEAVERTON, OR 97077-0001	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	FRANK T MCFADEN	
TITLE:	TREASURER	
ADDRESS:	2099 PENNSYLVANIA AVE NW 12TH FLOOR WASHINGTON, DC 20006-1813	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAMES F O'REILLY	
TITLE:	SECRETARY	
ADDRESS:	2099 PENNSYLVANIA AVE NW 12TH FLOOR WASHINGTON, DC 20006-1813	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHARLES A SCHWERTNER	
TITLE:	ASST SECRETARY	
ADDRESS:	6095 PARKLAND BLVD SUITE 310 MAYFIELD HTS, OH 44124	
CITY/ST/ZIP/CO:		

NAME:	ROBERT S LUTZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2099 PENNSYLVANIA AVE NW 12TH FLOOR		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20006		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ CHARLES A SCHWERTNER</u>	<u>CHARLES A SCHWERTNER, ASST</u>	<u>2/5/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.