

1.) CORPORATION NAME:

FLIR Systems, Inc.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD,
SUITE 301**

SCC ID NO: **F1469628**

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000,000
PREFER	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 27700 SW PARKWAY AVENUE

CITY/ST/ZIP: WILSONVILLE, OR 97070

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.

NAME:	EARL R LEWIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	27700 SW PARKWAY AVENUE		
CITY/ST/ZIP/CO:	WILSONVILLE, OR 97070		

NAME:	WILLIAM W DAVIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, GC & Sec.		
ADDRESS:	27700 SW PARKWAY AVENUE		
CITY/ST/ZIP/CO:	WILSONVILLE, OR 97070		

NAME:	ANTHONY L TRUNZO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, FIN & CFO		
ADDRESS:	27700 SW PARKWAY AVENUE		
CITY/ST/ZIP/CO:	WILSONVILLE, OR 97070		

NAME:	JOHN D CARTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	27700 SW PARKWAY AVENUE		
CITY/ST/ZIP/CO:	WILSONVILLE, OR 97070		

NAME:	STEVEN E WYNNE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	27700 SW PARKWAY AVENUE		
CITY/ST/ZIP/CO:	WILSONVILLE, OR 97070		

NAME:	Randahl J. Finnessy	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP Corp. Treas.		
ADDRESS:	27700 SW Parkway Avenue		
CITY/ST/ZIP/CO:	Wilsonville, OR 97070		

NAME:	David A Muesle	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP Corp Control		
ADDRESS:	27700 SW Parkway Avenue		
CITY/ST/ZIP/CO:	Wilsonville, OR 97070		
NAME:	Andrew C. Teich	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Pres, CS		
ADDRESS:	27700 SW Parkway Avenue		
CITY/ST/ZIP/CO:	Wilsonville, OR 97070		
NAME:	William A. Sundermeier	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Pres, GS		
ADDRESS:	27700 SW Parkway Avenue		
CITY/ST/ZIP/CO:	Wilsonville, OR 97070		
NAME:	Heather F. Christiansen	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	27700 SW Parkway Avenue		
CITY/ST/ZIP/CO:	Wilsonville, OR 97070		
NAME:	William W. Crouch	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	27700 SW Parkway Avenue		
CITY/ST/ZIP/CO:	Wilsonville, OR 97070		
NAME:	Angus L. Macdonald	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	27700 SW Parkway Avenue		
CITY/ST/ZIP/CO:	Wilsonville, OR 97070		
NAME:	Michael T. Smith	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	27700 SW Parkway Avenue		
CITY/ST/ZIP/CO:	Wilsonville, OR 97070		
NAME:	John W. Wood	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	27700 SW Parkway Avenue		
CITY/ST/ZIP/CO:	Wilsonville, OR 97070		

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.

/s/ Heather F.Christiansen	Heather F.Christiansen,	3/29/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.