

1.) CORPORATION NAME:

DUE DATE: **5/31/2013**

FLIR Systems, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1469628**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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GLEN ALLEN, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OR

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.

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

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WILLIAM A. SUNDERMEIER	
TITLE:	PRES, GS	
ADDRESS:	27700 SW PARKWAY AVENUE	
CITY/ST/ZIP/CO:	WILSONVILLE, OR 97070	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ANDREW C. TEICH	
TITLE:	PRES, CS	
ADDRESS:	27700 SW PARKWAY AVENUE	
CITY/ST/ZIP/CO:	WILSONVILLE, OR 97070	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RANDAHL J. FINNESSY	
TITLE:	VP CORP. TREAS.	
ADDRESS:	27700 SW PARKWAY AVENUE	
CITY/ST/ZIP/CO:	WILSONVILLE, OR 97070	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID A MUESSLE	
TITLE:	VP CORP CONTROL	
ADDRESS:	27700 SW PARKWAY AVENUE	
CITY/ST/ZIP/CO:	WILSONVILLE, OR 97070	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	HEATHER F. CHRISTIANSEN	
TITLE:	ASST SECRETARY	
ADDRESS:	27700 SW PARKWAY AVENUE	
CITY/ST/ZIP/CO:	WILSONVILLE, OR 97070	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM W DAVIS SVP, GC & SEC. 27700 SW PARKWAY AVENUE WILSONVILLE, OR 97070	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY L TRUNZO SVP, FIN & CFO 27700 SW PARKWAY AVENUE WILSONVILLE, OR 97070	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN D CARTER DIRECTOR 27700 SW PARKWAY AVENUE WILSONVILLE, OR 97070	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM W. CROUCH DIRECTOR 27700 SW PARKWAY AVENUE WILSONVILLE, OR 97070	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANGUS L. MACDONALD DIRECTOR 27700 SW PARKWAY AVENUE WILSONVILLE, OR 97070	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL T. SMITH DIRECTOR 27700 SW PARKWAY AVENUE WILSONVILLE, OR 97070	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN W. WOOD DIRECTOR 27700 SW PARKWAY AVENUE WILSONVILLE, OR 97070	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN E WYNNE DIRECTOR 27700 SW PARKWAY AVENUE WILSONVILLE, OR 97070	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HEATHER F. CHRISTIANSEN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	4/9/2013 DATE
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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.