

State of Idaho

Office of the Secretary of State

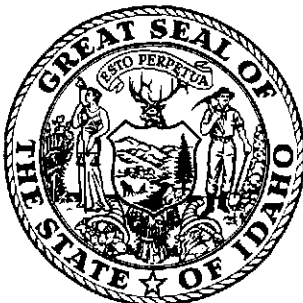
**CERTIFICATE OF REGISTRATION
OF
FLIR SYSTEMS, INC.**

File Number C 218885

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: August 8, 2018



Lawrence Denney
SECRETARY OF STATE

By _____

[Signature]



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2018 AUG -8 PM 2:19

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: FLIR Systems, Inc.
2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:

<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
- ☐ Other: _____
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: Oregon
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
27700 SW Parkway Ave. Wilson, OR 97070
(Street Address)

(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
27700 SW Parkway Ave. Wilson, OR 97070
(Street Address)

(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)
8. The name of the registered agent and street address of registered agent in Idaho:
National Registered Agents, Inc. 921 S Orchard Street, Suite G, Boise, Idaho 83705
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:
See Attached
(Name) (Capacity) (Address)

(Name) (Capacity) (Address)

Signature: _____

Typed Name: Heather F. Christiansen

Capacity: Assistant Secretary

Secretary of State use only

IDAHO SECRETARY OF STATE

08/08/2018 05:00

CK:PREPAID CT:278665 BH:1657871
1@ 100.00 = 100.00 FOR REG ST #2

C218885

OFFICERS

NAME James J. Cannon
TITLE President & CEO
STREET ADDRESS 27700 SW Parkway Avenue
CITY- ST- ZIP Wilsonville, OR 97070

NAME Carol P. Lowe
TITLE Sr. VP, Chief Financial Officer
STREET ADDRESS 27700 SW Parkway Avenue
CITY- ST- ZIP Wilsonville, OR 97070

NAME Todd M. DuChene
TITLE Secretary
STREET ADDRESS 27700 SW Parkway Avenue
CITY- ST- ZIP Wilsonville, OR 97070

NAME Matthew Stinger
TITLE Treasurer
STREET ADDRESS 27700 SW Parkway Avenue
CITY- ST- ZIP Wilsonville, OR 97070

NAME Heather F. Christiansen
TITLE Assistant Secretary
STREET ADDRESS 27700 SW Parkway Avenue
CITY- ST- ZIP Wilsonville, OR 97070

DIRECTORS

NAME Earl R. Lewis
TITLE COB
STREET ADDRESS 27700 SW Parkway Avenue
CITY- ST- ZIP Wilsonville, OR 97070

NAME James J. Cannon
TITLE Director
STREET ADDRESS 27700 SW Parkway Avenue
CITY- ST- ZIP Wilsonville, OR 97070

NAME **John D. Carter**
TITLE Director
STREET ADDRESS 27700 SW Parkway Avenue
CITY- ST- ZIP Wilsonville, OR 97070

NAME **William W. Crouch**
TITLE Director
STREET ADDRESS 27700 SW Parkway Avenue
CITY- ST- ZIP Wilsonville, OR 97070

NAME **Cathy Halligan**
TITLE Director
STREET ADDRESS 27700 SW Parkway Avenue
CITY- ST- ZIP Wilsonville, OR 97070

NAME **Angus L. McDonald**
TITLE Director
STREET ADDRESS 27700 SW Parkway Avenue
CITY- ST- ZIP Wilsonville, OR 97070

NAME **Michael T. Smith**
TITLE Director
STREET ADDRESS 27700 SW Parkway Avenue
CITY- ST- ZIP Wilsonville, OR 97070

NAME **Cathy Stauffer**
TITLE Director
STREET ADDRESS 27700 SW Parkway Avenue
CITY- ST- ZIP Wilsonville, OR 97070

NAME **Robert Tyrer**
TITLE Director
STREET ADDRESS 27700 SW Parkway Avenue
CITY- ST- ZIP Wilsonville, OR 97070

NAME **John W. Wood, Jr.**
TITLE Director
STREET ADDRESS 27700 SW Parkway Avenue
CITY- ST- ZIP Wilsonville, OR 97070

NAME **Steven E. Wynne**
TITLE Director
STREET ADDRESS 27700 SW Parkway Avenue
CITY- ST- ZIP Wilsonville, OR 97070

State of Oregon

*OFFICE OF THE SECRETARY OF STATE
Corporation Division*

Certificate of Existence 623J295V2

I, DENNIS RICHARDSON, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

FLIR SYSTEMS, INC.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

*In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.*



A handwritten signature in cursive script, reading 'Dennis Richardson', is written over a horizontal line.

DENNIS RICHARDSON, SECRETARY OF STATE

8/6/2018