



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2017 MAR 27 AM 11:45

1. Entity ID Number 000306713		2. Exact name of the Corporation Zonar Systems, INC			
3. Principal Office Address 18200 Cascade Ave S.			City Seattle	State WA	Zip 98188
4. NAICS Code 81		6. Brief description of the character of business conducted in Rhode Island Retail sales + Service of electronic Safety inspection System + Fleet Telematics			
5. State of Incorporation WA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ian McKerlich			Vice-President Name		
Street Address 18200 Cascade Ave S.			Street Address		
City Seattle	State WA	Zip 98188	City	State	Zip
Secretary Name George Luch			Treasurer Name		
Street Address 18200 Cascade Ave S.			Street Address		
City Seattle	State WA	Zip 98188	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Martin Dawn			Director Name Ian McKerlich		
Street Address 18200 Cascade Ave S.			Street Address 18200 Cascade Ave S.		
City Seattle	State WA	Zip 98188	City Seattle	State WA	Zip 98188
Director Name Michael Leerg-Rup			Director Name Lutz Scholten		
Street Address 18200 Cascade Ave S.			Street Address 18200 Cascade Ave S.		
City Seattle	State WA	Zip 98188	City Seattle	State WA	Zip 98188
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 5,000	CLASS/SERIES	PAR VALUE 0
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Kendall Steyer - CFO				Date	
Signature of Authorized Representative <i>[Signature]</i>				<p>FILED</p> <p>MAR 27 2017</p> <p>By <u>299346</u></p> <p>A.A.</p>	