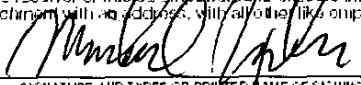


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90780 029 ***150.00

DOCUMENT # F02000003732 1. Entity Name INFOCUS SYSTEMS, INC.					
Principal Place of Business 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 97070-8887			Mailing Address 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 97070-8887		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 93-0932102	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Properly signed Agent signature required when remitting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CEO/P HARKER, JOHN V. 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 97070-8887	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CEO/C HARKER, JOHN V. 27700 B SW PARKWAY AVE WILSONVILLE, OR 97070	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SV YAVORSKY, WILLIAM D 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 97070-8887	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	COO/P RANSON, C. KYLE 27700 B SW PARKWAY AVE WILSONVILLE, OR 97070	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	EV PERRSON, GARY R 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 97070-8887	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V GLAESS, DAVID F. 27700 B SW PARKWAY AVE WILSONVILLE, OR 97070	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SVS YONKER, MICHAEL D 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 97070-8887	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V HIX, SCOTT P. 27700 B SW PARKWAY AVE WILSONVILLE, OR 97070	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V ROCKWELL, LUCINDA K 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 97070-8887	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V SANGHA, KARAN 27700 B SW PARKWAY AVE WILSONVILLE, OR 97070	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V PETERSEN, CANDACE L 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 97070-8887	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V HERMAN, MONIQUE 27700 B SW PARKWAY AVE WILSONVILLE, OR 97070	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with no address, will also be like empowered.					
SIGNATURE: 			Michael D. Yonker		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/22/04		
Daytime Phone 503-685-8888					

Additional Additions/Changes to Officers and Directors for Block 11

[illegible]