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	Mailing Address
27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 97070-8887	27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 97070-8887

04222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 93-0932102 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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-ST-ZIP	CEO/P HARKER, JOHN V 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 970708887	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO/C HARKER, JOHN V. 27700 B SW PARKWAY AVE WILSONVILLE, OR 97070	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV YAVORSKY, WILLIAM D 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 970708887	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO/P RANSON, C. KYLE 27700 B SW PARKWAY AVE WILSONVILLE, OR 97070	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EV PEHRSON, GARY R 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 970708887	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GLAESS, DAVID F. 27700 B SW PARKWAY AVE WILSONVILLE, OR 97070	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVS YONKER, MICHAEL D 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 970708887	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HIX, SCOTT P. 27700 B SW PARKWAY AVE WILSONVILLE, OR 97070	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROCKWELL, LUCINDA K 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 970708887	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SANGHA, KARAN 27700 B SW PARKWAY AVE WILSONVILLE, OR 97070	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PETERSEN, CANDACE L 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 970708887	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-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 empowered 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 an address, with all other like empowered.

SIGNATURE: _____ Michael D. Yonker 4/22/04 503-685-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

14018721

#F0200003732

Additional Additions/Changes to Officers and Directors for Block 11

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROWE, ROGER 27700 B SW PARKWAY AVE WILSONVILLE, OR 97070	☐ Change	☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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