

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90416 012 ***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

14014339



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04222005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
93-0932102

Applied For
Not Applicable

Zip Country

Zip Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
CEOC
HARKER, JOHN V
27700-B S.W. PARKWAY AVENUE
WILSONVILLE, OR 970708887 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
HARKER, JOHN V
27700B SW PARKWAY AVENUE
WILSONVILLE, OR 97070 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COOP
RANSON, C. KYLE
27700-B S.W. PARKWAY AVENUE
WILSONVILLE, OR 970708887 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO/P
RANSON, C. KYLE
27700B SW PARKWAY AVENUE
WILSONVILLE, OR 97070 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GLAESS, DAVID F.
27700-B S.W. PARKWAY AVENUE
WILSONVILLE, OR 970708887 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ROWE, ROGER
27700B SW PARKWAY AVENUE
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
CFO/V/S
YONKER, MICHAEL D.
27700B SW PARKWAY AVENUE
WILSONVILLE, OR 97070 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SANGHA, KARAN
27700-B S.W. PARKWAY AVENUE
WILSONVILLE, OR 970708887 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HIX, SCOTT P.
27700B SW PARKWAY AVENUE
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
CSO
PETERSON, CANDACE L.
27700B SW PARKWAY AVENUE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. Yonker

4/26/05

Date

503-685-8888

Daytime Phone