


2006 FOR PROFIT CORPO ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90440 020 ***150.00

DOCUMENT # 1. Entity Name F02000003732 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	
		50016Q07	
		CR2E034 (11/05) Chg-P (F02000003732P) 04072006	
2. Principal Place of Business Suite, Apt. #, etc.			
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 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 HARKER, JOHN V 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 97070 8887 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT/CEO, RANSON, C. KYLE 27700B SW PARKWAY AVE WILSONVILLE, OR 97070 8887 Change <input checked="" type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP COOP RANSON, C. KYLE 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 97070 8887 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP CFO/SECRETARY ROWE, ROGER D. 27700B SW PARKWAY AVE WILSONVILLE, OR 97070 8887 Change <input checked="" type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP V ROWE, ROGER 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 97070 8887 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP CHIEF MARKETING OFFICER, BALLENTINE, SCOTT 27700B SW PARKWAY AVE WILSONVILLE, OR 97070 8887 Addition <input checked="" type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP SVS YONKER, MICHAEL D 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 970708887 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V STARK, STEVE 27700B SW PARKWAY AVE WILSONVILLE, OR 97070 8887 Addition <input checked="" type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP V SANGHA, KARAN 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 97070 8887 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V O'SULLIVAN, JOE 27700B SW PARKWAY AVE WILSONVILLE, OR 97070 8887 Addition <input checked="" type="checkbox"/>		

ATTACHMENT

50016007
#F0300000532

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETERSEN, CANDACE L 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 97070 8887	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERMAN, MONIQUE 27700B SW PARKWAY AVE WILSONVILLE, OR 97070 8887	Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V /GM DAINES, J.B. 27700B SW PARKWAY AVE WILSONVILLE, OR 97070 8887	Addition <input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

19 April 06
DATE

503-685-8888
DAYTIME PHONE

- Block 1.** Block 1 contains the name, document number, mailing address and principal place of business last reported to our office. You cannot change the name on this form. You must file an amendment to change the name. For amendment information, call (850) 245-6050, or download forms at www.sunbiz.org.
- Block 2 & 3.** If the principal place of business address in Block 1 is incorrect, enter the correct address in Block 2. If the preprinted mailing address in Block 1 is incorrect, enter the new mailing address in Block 3. A Post Office Box is acceptable.
- Block 4.** If blank, complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-1040.
- Block 5.** Should you desire a certificate reflecting your entity's status after the filing of this report, check the BOX in Block 5 and include an additional \$8.75 with your filing fee. Only one certificate can be issued at the time of the report filing.
- Block 6.** The law requires that each entity have a Registered Agent with a Florida street address. If the information in Block 6 is incorrect, enter the correct information in Block 7. There is no additional fee to change the Registered Agent on this form.
- Block 7.** If a new Registered Agent has been appointed, enter the new agent's name and/or address in box 7. This must be a Florida Street address. A P.O. Box or mail service (PMB) is NOT acceptable for service of process. A CORPORATION CANNOT SERVE AS ITS OWN REGISTERED AGENT; however, a principal of the corporation can.
- Block 8.** The new Registered Agent must accept the obligations and this appointment by completing and signing in Block 8. No signature is necessary if the same Registered Agent is retained. If the Registered Agent is a different entity, the person signing must state their position with the entity. NOTE: Registered agent signature required when reinstating on this form.
- Block 9.** Florida law allows for a voluntary contribution of \$5.00 per taxpayer for the purpose of providing for public financing of political campaigns for the offices of the Governor and members of the Cabinet. If you would like to contribute, check the box in Block 9 and include an additional \$5.00 with the filing fee.
- Block 10.** Block 10 contains the officers/directors last reported to our office. If blank, you must list the name and address of all officers/directors in Block 11. Please do not make any marks in Block 10 unless deleting an officer; corrections or additions are to be made in Block 11.
- Block 11.** Block 11 is for changes or additions to the existing Officers/Directors in Block 10. Changes must be typed or printed and legible. List all officers/directors. Attach a separate sheet if necessary. Use the following type symbols on the title line: P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D. NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Chapter 119, Florida Statutes, an alternate address must be provided. Officers/Directors must provide an address. Florida Statutes require a physical address be given. The provision of a post office box in Block 10, 11 or on an attachment is an affirmation under oath that no other address is available.
- Block 12.** This report must be signed in Block 12 with an original signature by an officer/director of the entity that is listed in Block 10, Block 11 if a change, or on an attachment. If the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 12 is unacceptable.

Mail completed report to:

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Courier Address (overnight delivery)
Division of Corporations
2670 Executive Center Circle Suite 100
Tallahassee, FL 32301

Questions?

Phone: (850) 245-6056

Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of