


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State

06-18-2007 90002 020 ***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
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2. Principal Place of Business - No P.O. Box # 27500 SW Parkway Ave	3. Mailing Address 27500 SW Parkway Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Wilsonville, OR	City & State Wilsonville, OR
Zip 97070	Zip 97070
Country US	Country US

06062007 Chg-P CR2E034 (12/06)

4. FEI Number 93-0932102	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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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 _____
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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMO BALLETINE, SCOTT 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 970708887	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO O'SULLIVAN, JOE 27500 SW Parkway Ave Wilsonville, OR 97070	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO RANSON, C. KYLE 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 970708887	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS ROWE, ROGER 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 970708887	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STARK, STEVE 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 970708887	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'SULLIVAN, JOE 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 970708887	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETERSEN, CANDACE L 27700-B S.W. PARKWAY AVENUE WILSONVILLE, OR 970708887	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #