

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90025 018 ***150.00

DOCUMENT # F02000003732

1. Entity Name

INFOCUS SYSTEMS, INC.



Principal Place of Business

27500 SW PKWY AVE
WILSONVILLE OR 97070-8887

Mailing Address

27500 SW PKWY AVE
WILSONVILLE OR 97070-8887



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

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 date, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
COO
OSULLIVAN, JOE
27500 SW PKWY AVE
WILSONVILLE OR 97070-8887 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO, V ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFOS
ROWE, ROGER
27700-B S.W. PARKWAY AVENUE
WILSONVILLE OR 97070-8887 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO, S, T
Lisa K. Pritchard
27500 SW PARKWAY AVE
WILSONVILLE OR 97070 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
STARK, STEVE
27700-B S.W. PARKWAY AVENUE
WILSONVILLE OR 97070-8887 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
27500 SW PARKWAY AVE
WILSONVILLE OR 97070 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
O'SULLIVAN, JOE
27700-B S.W. PARKWAY AVENUE
WILSONVILLE OR 97070-8887 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO, P, D
Robert G. D'Malley
27500 SW PARKWAY AVE
WILSONVILLE OR 97070 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Lisa K. Pritchard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #