

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003732

Entity Name: INFOCUS SYSTEMS, INC.

FILED  
Mar 24, 2009  
Secretary of State

## Current Principal Place of Business:

27500 SW PKWY AVE  
WILSONVILLE, OR 970708887

## New Principal Place of Business:

27500 SW PKWY AVE  
WILSONVILLE, OR 97070

## Current Mailing Address:

27500 SW PKWY AVE  
WILSONVILLE, OR 970708887

## New Mailing Address:

27500 SW PKWY AVE  
WILSONVILLE, OR 97070

FEI Number: 93-0932102

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: COOV ( ) Delete  
Name: OSULLIVAN, JOE  
Address: 27500 SW PKWY AVE  
City-St-Zip: WILSONVILLE, OR 970708887

Title: CFOS ( ) Delete  
Name: PRENTIA, LISA K  
Address: 27500 SW PRKWY AVE  
City-St-Zip: WILSONVILLE, OR 97070

Title: V ( ) Delete  
Name: STARK, STEVE  
Address: 27500 SW PRKWY AVE  
City-St-Zip: WILSONVILLE, OR 97070

Title: CEOP ( ) Delete  
Name: O'MALLEY, ROBERT G  
Address: 27500 SW PRKWY AVE  
City-St-Zip: WILSONVILLE, OR 97070

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COOV (X) Change ( ) Addition  
Name: OSULLIVAN, JOE  
Address: 27500 SW PKWY AVE  
City-St-Zip: WILSONVILLE, OR 97070

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CIOV ( ) Change (X) Addition  
Name: PALLUDAN, NINA  
Address: 27500 SW PRKWY AVE  
City-St-Zip: WILSONVILLE, OR 97070

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA K. PRENTICE

CFOS

03/24/2009

Electronic Signature of Signing Officer or Director

Date