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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000002737 (2)

1. Corporation Name
VIEWSONICS, INC.



Principal Place of Business
6454 E ROGERS CIR
BOCA RATON FL 33487

Mailing Address
6454 E ROGERS CIR
BOCA RATON FL 33487-2653

3. Date Incorporated or Qualified 05/31/1996	3a. Date of Last Report
4. FEI Number 65-0674357	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	President
NAME	QUINN, THOMAS H	1.2 NAME	Abram Ackerman
STREET ADDRESS	1751 LAKE COOD RD #550	1.3 STREET ADDRESS	6545 E. Rogers Circle
CITY-ST-ZIP	DEERFIELD IL 50015	1.4 CITY-ST-ZIP	Boca Raton, Florida 33487
TITLE	V	2.1 TITLE	Vice President
NAME	MCNAIR, JAMES A	2.2 NAME	Cynthia Ackerman
STREET ADDRESS	1751 LAKE COOK RD #550	2.3 STREET ADDRESS	6545 E. Rogers Circle
CITY-ST-ZIP	DEERFIELD IL 50015	2.4 CITY-ST-ZIP	Boca Raton, Florida 33487
TITLE	VS	3.1 TITLE	Vice President and Director
NAME	FISHER, G ROBERT	3.2 NAME	Jonathan F. Boucher
STREET ADDRESS	1200 MAIN ST #3500	3.3 STREET ADDRESS	9 West 57th Street, Ste. 4000
CITY-ST-ZIP	KANSAS CITY MO 64105	3.4 CITY-ST-ZIP	New York, New York
TITLE	S	4.1 TITLE	Treasurer and Asst. Sec
NAME	GUEMMER, DEREK B	4.2 NAME	Thomas C. Spielberger
STREET ADDRESS	1200 MAIN ST #3500	4.3 STREET ADDRESS	1751 Lake Cook Road #550
CITY-ST-ZIP	KANSAS CITY MO 64105	4.4 CITY-ST-ZIP	Deerfield, Illinois 50015
TITLE		5.1 TITLE	Director
NAME		5.2 NAME	John W. Jordan II
STREET ADDRESS		5.3 STREET ADDRESS	1751 Lake Cook Road #550
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Deerfield, Illinois 50015
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Derek B. Guemmer, Asst. Sec. (816) 391-7650

CR2E034 (9/96)