

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 04 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000002001 (2)**  
 1. Corporation Name  
**VIEWSONIC DISPLAY COMPANY**



Principal Place of Business <b>20480 BUSINESS PKWY. WALNUT CA 91789</b>	Mailing Address <b>20480 BUSINESS PKWY. WALNUT CA 91789</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 381 Brea Canyon Road Suite, Apt. #, etc.	<b>22</b> City & State	<b>23</b> Walnut, CA 91789 Zip Country	<b>24</b> 91789	<b>25</b> USA
<b>26</b> Same	<b>27</b> Same	<b>28</b> Same	<b>29</b> Same	<b>30</b> Same

<b>3.</b> Date Incorporated or Qualified <b>04/17/1997</b>	
<b>4.</b> FEI Number <b>95-4120606</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**GILL, MATTHEW**  
**2851 MCCORMICK DR., STE. 108**  
**CLEARWATER FL 34819**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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**

TITLE	CP	<input type="checkbox"/> DELETE
NAME	CHU, JAMES	
STREET ADDRESS	20480 BUSINESS PKWY.	
CITY-ST-ZIP	WALNUT CA 91789	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	KANALY, JEREMIAH R	
STREET ADDRESS	20480 BUSINESS PKWY.	
CITY-ST-ZIP	WALNUT CA 91789	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	Chu, James	
<b>1.3</b> STREET ADDRESS	381 Brea Canyon Road	
<b>1.4</b> CITY-ST-ZIP	Walnut, CA 91789	
<b>2.1</b> TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	Kanally, Jeremiah	
<b>2.3</b> STREET ADDRESS	381 Brea Canyon Road	
<b>2.4</b> CITY-ST-ZIP	Walnut, CA 91789	
<b>3.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME		
<b>3.3</b> STREET ADDRESS		
<b>3.4</b> CITY-ST-ZIP		
<b>4.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME		
<b>4.3</b> STREET ADDRESS		
<b>4.4</b> CITY-ST-ZIP		
<b>5.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME		
<b>5.3</b> STREET ADDRESS		
<b>5.4</b> CITY-ST-ZIP		
<b>6.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME		
<b>6.3</b> STREET ADDRESS		
<b>6.4</b> CITY-ST-ZIP		

**14.** I 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:  **Jeremiah Kanaly** 02/23/98

CR2E034 (10/97)