2000 UNIFORM BUSINESS REPORT (UBR)

SHOP IN THE PROPERTY.

SIGNATURE:

Jan 29, 2000 8:00 am Secretary of State DOCUMENT # **F9700002001** 1. Entity Name VIEWSONIC DISPLAY COMPANY 01-29-2000 90101 043 ***150.00 Mailing Address Principal Place of Business 381 BREA CANYON RD 381 BREA CANYON RD WALNUT CA 91789-3060 WALNUT CA 91789 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Ant # etc. Applied For City & State 4. FEI Number City & State 95-4120606 Not Applied to Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name GILL, MATTHEW Street Address (P.O. Box Number is Not Acceptable) 2651 MCCORMICK DR., STE. 108 **CLEARWATER FL 34619** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CP Addition ☐ Change TITLE TITLE ☐ Delete CHU. JAMES NAME NAME 381 BREA CANYON RD STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP WALNUT CA 91789 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE KANALY, JEREMIAH R NAME NAME STREET ADDRESS STREET ADDRESS 381 BREA CANYON RD CITY-ST-ZIP CITY-ST-ZIP Walnut Ca 91789 7 Charles McArthur ☐ Change ✓ Addition TITLE ☐ Delete TITLE NAME **>** coo NAME STREET ADDRESS 381 Brea Canyon Road STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Walnut, CA 91789 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STRÉET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Davtime Phone #