

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90010 022 ***150.00

DOCUMENT # F97000003474**1. Entity Name**
VIEWSONICS, INC.**Principal Place of Business****6545 E ROGERS CIRCLE**
BOCA RATON FL 33487**Mailing Address****8000 W FLORISSANT AVE**
STA 3854
SAINT LOUIS MO 63136**2. Principal Place of Business****3103 N. Andrews Ave.**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**Pompano Beach, FL****City & State****FL****Zip**
33064**Country****USA****Zip****Country****4. FEI Number****36-4166387****Applied For****Not Applicable****5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****C T CORPORATION SYSTEM**
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**7. Name and Address of New Registered Agent****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.****SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing**
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	KERNES, ALAN M	6545 E ROGERS CIRCLE	BOCA RATON FL 33487	<input type="checkbox"/>
CEOD	BEVIS, HAROLD C	1751 LAKE COOK ROAD., STE 550	DEERFIELD IL 60015	<input type="checkbox"/>
VPAT	MOON, DAVID C	8000 W. FLORISSANT AVE	SAINT LOUIS MO 63136	<input type="checkbox"/>
T	LATINKICH, DOUGLAS	3103 N. ANDREWS AVE EXT	POMPANO BEACH FL 33064	<input type="checkbox"/>
SD	SMITH, HARLEY M	8000 W. FLORISSANT AVE	SAINT LOUIS MO 63136	<input type="checkbox"/>
T	LATINKINCH, DOUGLAS	6545 E ROGERS CIRCLE	BOCA RATON FL 33487	<input checked="" type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Asst. Treasurer	Rabe, D.J.	8000 W. Florissant Ave.	St. Louis, MO 63136	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.**SIGNATURE:** *David C. Moon*
David C. Moon
President & Asst. Treasurer 1/17/02 314-553-2058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)