

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90006 003 \*\*\*150.00

**DOCUMENT # F97000003474**

1. Entity Name  
**VIEWSONICS, INC.**



Principal Place of Business  
**3103 N. ANDREWS AVE  
POMPANO BEACH, FL 33064**

Mailing Address  
**8000 W FLORISSANT AVE  
STA 2586  
SAINT LOUIS, MO 63136**



01162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	KERNES, ALAN M
STREET ADDRESS	3101 N ANDREWS AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33064

TITLE	CEOD
NAME	BEVIS, HAROLD C
STREET ADDRESS	3000 LAKESIDE DR
CITY-ST-ZIP	BANNOCKBURN, IL 60015

TITLE	VPAT
NAME	MOON, DAVID C
STREET ADDRESS	8000 W. FLORISSANT AVE
CITY-ST-ZIP	SAINT LOUIS, MO 63136

TITLE	T
NAME	LATINKICH, DOUGLAS
STREET ADDRESS	3103 N. ANDREWS AVE EXT
CITY-ST-ZIP	POMPANO BEACH, FL 33064

TITLE	SD
NAME	SMITH, HARLEY M
STREET ADDRESS	8000 W. FLORISSANT AVE
CITY-ST-ZIP	SAINT LOUIS, MO 63136

TITLE	AT
NAME	RABE, D J
STREET ADDRESS	8000 W. FLORISSANT AVE
CITY-ST-ZIP	SAINT LOUIS, MO 63136

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **D.C. Moon/V.P. & Asst. Treas. 1/16/04 314-553-3485**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #