

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003474

Entity Name: VIEWSONICS, INC.

FILED
Feb 10, 2006
Secretary of State

Current Principal Place of Business:

3103 N. ANDREWS AVE
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

8000 W FLORISSANT AVE
STA 2586
SAINT LOUIS, MO 63136

New Mailing Address:

FEI Number: 36-4166387 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KERNES, ALAN M
Address: 3101 N ANDREWS AVE
City-St-Zip: POMPANO BEACH, FL 33064

Title: CEO () Delete
Name: BEVIS, HAROLD C
Address: 3000 LAKESIDE DR
City-St-Zip: BANNOCKBURN, IL 60015

Title: VPAT () Delete
Name: MOON, DAVID C
Address: 8000 W. FLORISSANT AVE
City-St-Zip: SAINT LOUIS, MO 63136

Title: T () Delete
Name: LATINKICH, DOUGLAS
Address: 3103 N. ANDREWS AVE EXT
City-St-Zip: POMPANO BEACH, FL 33064

Title: SD () Delete
Name: SMITH, HARLEY M
Address: 8000 W. FLORISSANT AVE
City-St-Zip: SAINT LOUIS, MO 63136

Title: AT () Delete
Name: RABE, D J
Address: 8000 W. FLORISSANT AVE
City-St-Zip: SAINT LOUIS, MO 63136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID C. MOON

VPAT

02/10/2006

Electronic Signature of Signing Officer or Director

_____ Date