

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **F93000004114 (5)**

95 JUL 25 AM 8:12

1. Corporation Name
IN FOCUS SYSTEMS, INC.

Principal Place of Business
**27700S.W. PARKWAY AVENUE
WILSONVILLE OR 97070
US**

Mailing Address
**27700S.W. PARKWAY AVENUE
WILSONVILLE OR 97070
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **27700B SW Parkway Avenue**
Suite, Apt. #, etc.
22
City & State
23 **Wilsonville, Oregon**
Zip Country
24 **97070** 25 **USA**

25. Mailing Address
26 **27700B SW Parkway Avenue**
Suite, Apt. #, etc.
27
City & State
28 **Wilsonville, Oregon**
Zip Country
29 **97070** 30 **USA**

3. Date Incorporated or Qualified **09/09/1993** 3a. Date of Last Report **07/06/1994**

4. FEI Number **93-0932102** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**WILSKE, RODERICK A
1205 STONEBROOK DR
SANFORD FL 32773**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	HIX, STEVEN R
STREET ADDRESS	27700 S.W. PARKWAY AVENUE
CITY, ST, ZIP	WILSONVILLE OR
TITLE	D
NAME	DOUGERY, JOHN R
STREET ADDRESS	27700 S.W. PARKWAY AVENUE
CITY, ST, ZIP	WILSONVILLE OR
TITLE	D
NAME	HALLMAN, MICHAEL R
STREET ADDRESS	27700 S.W. PARKWAY AVENUE
CITY, ST, ZIP	WILSONVILLE OR
TITLE	P
NAME	HARKER, JOHN V
STREET ADDRESS	27700 S.W. PARKWAY AVENUE
CITY, ST, ZIP	WILSONVILLE OR
TITLE	VPT
NAME	YONKER, MICHAEL D.
STREET ADDRESS	27700 S.W. PARKWAY AVENUE
CITY, ST, ZIP	WILSONVILLE OR
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Delete
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Vice President, Chief Financial Officer
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is correctly furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 or 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, and in all agreement with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)