



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>19600</b>		2. Name of Corporation <b>INFOKUS, CORP.</b>			
3. Street Address Principal Business Office <b>170 Westminster Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>7856</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>PHOTOGRAPHY</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Jodie Sinclair</b>			Vice President Name <b>Rosalyn K. Sinclair</b>		
Street Address <b>77 Pond Avenue</b>			Street Address <b>191 Boston Neck Road</b>		
City <b>Brookline</b>	State <b>MA</b>	Zip <b>02146</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
Secretary Name <b>Jodie Sinclair</b>			Treasurer Name <b>Alan M. Gilstein</b>		
Street Address <b>Same as above</b>			Street Address <b>144 Westminster Street</b>		
City	State	Zip	City	State	Zip
			<b>Providence</b>	<b>RI</b>	<b>02903</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Jodie Sinclair</b>			Director Name		
Street Address <b>Same as above</b>			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>500 NO PAR VALUE</b>			<b>100</b>	<b>Common</b>	<b>No Par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*19600\*

File Date **3/11/05**  
Check No. **003900**  
By: **VS.**  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **Jodie Sinclair** Date **3/15/05**  
Print or Type Name of Officer  
**President**  
Title of Officer