



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 19600		2. Name of Corporation INFOKUS, CORP.			
3. Street Address Principal Business Office 191 Boston Neck Road			City Narragansett	State RI	Zip 02882
4. Business Phone No. 401-831-0200		5. State of Incorporation RHODE ISLAND			6. SIC Code 7856
7. Brief Description of the Character of Business Conducted in Rhode Island PHOTOGRAPHY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jodie Sinclair			Vice President Name Rosalyn K. Sinclair		
Street Address 77 Pond Avenue			Street Address 101 Boston Neck Road		
City Brookline	State MA	Zip 02146	City Narragansett	State RI	Zip 02882
Secretary Name Jodie Sinclair			Treasurer Name Alan M. Gilstein		
Street Address Same as above			Street Address 144 Westminster Street		
City	State	Zip	City Providence	State RI	Zip 02903
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jodie Sinclair			Director Name		
Street Address Same as above			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
500 NO PAR VALUE			100	Common	No Par

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



* 1 9 6 0 0 *

File Date 3/12/04
Check No. 3798
By: SC
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

Print or Type Name of Officer

President

Title of Officer