



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED 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. **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) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Jodie Sinclair	Vice President Name Rosalyn K. Sinclair
Street Address 77 Pond Avenue, Apt. 707	Street Address 191 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 77 Pond Avenue, Apt. 707	Street Address 11 Silent Drive
City Brookline, State MA Zip 02146	City Warwick, State RI Zip 02886

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Jodie Sinclair	Director Name
Street Address 77 Pond Avenue, Apt. 707	Street Address
City Brookline, State MA Zip 02146	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
500	NO PAR VAL	

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	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: 2-1-00
Check No.: 2586
By: AMF

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: [Signature] Date: 1/23/00

Jodie Sinclair
Print or Type Name of Officer

President
Title of Officer