2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005992

Entity Name: ESSILOR OF AMERICA, INC.

FILED Mar 27, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
13555 N STEMMONS FRWY DALLAS, TX 75234 US				13555 N STEMMONS FRWY ATTN: LEGAL DEPT		
				DALLAS, TX 75234 US		
Current Mailing Address:				New Mailing Address:		
13555 N STEMMONS FRWY ATTN: LEGAL DEPT DALLAS, TX 75234 US			13555 N STEMMONS FRWY ATTN: LEGAL DEPT DALLAS, TX 75234 US			
FEI Number:		FEI Number Applied For ()	FEI Nun	nber Not Appli		Certificate of Status Desired ()
Name and	Address of (, ,	.,
Name and Address of Current Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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:						
	Electro	nic Signature of Registered Agen	t			Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (CARRIER, JOH 13555 N STEM DALLAS, TX 7	1MONS FRWY		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	RUPP, KEVIN) Delete MMONS FREEWAY 5234		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	DALEY, MICHA 8300 SHEEN D			Title: Name: Address: City-St-Zip:	GOULET, RE	EMMONS FRWY
Title: Name: Address: City-St-Zip:	VP (MALLEDANT, 0 RT 197, 183 W DUDLEY, MA	GERARD /. MAIN BRANCH		Title: Name: Address: City-St-Zip:	RAY, SEKHA	EMMONS FRWY
Title: Name: Address: City-St-Zip:	MILAN, DAVID) Delete MMONS FRWY 5234		Title: Name: Address: City-St-Zip:		()Change ()Addition
Title: Name: Address: City-St-Zip:	FACKLIS, PEG	MMONS FREEWAY		Title: Name: Address: City-St-Zip:	HINTERGAR	EMMONS FREEWAY

I hereby certify that the information supplied with this filing does not qualify 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 MILAN VS 03/27/2009