

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90088 024 ***150.00

DOCUMENT # M00319 ✓
1. Entity Name

Sunglass Hut Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>8650 Governor's Hill Drive</u>		3. Mailing Address <u>8650 Governor's Hill Drive</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Cincinnati, OH</u>		City & State <u>Cincinnati, OH</u>	
Zip <u>45249</u>	Country <u>US</u>	Zip <u>45249</u>	Country <u>US</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0030188</u>	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>LT Corporation System</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1200 South Pine Island Road</u>	
City <u>Plantation</u>	FL Zip Code <u>33324</u>

8. 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 _____

Signature, typed or printed name of registered agent and filer if applicable.

(NOTE: Registered Agents signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$450.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>See Attached Listing</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrea Fiabane Vice President 5/1/02 (513) 583-6905

Date

Daytime Phone

CR2E034B (12/01)

*Attachment # 1166319
660427*

**SUNGLASS HUT CORPORATION
OFFICERS & DIRECTORS
AS OF NOVEMBER 2001**

NAME & TITLE	SOCIAL SEC. NO.	BUSINESS ADDRESS	HOME ADDRESSES
DEL VECCHIO, LEONARDO DIRECTOR/CHAIRMAN	N/A	44 HARBOR PARK DRIVE PORT WASHINGTON, NEW YORK 11050	
DEL VECCHIO, CLAUDIO DIRECTOR/CO-CHIEF EXECUTIVE OFFICER	N/A	44 HARBOR PARK DRIVE PORT WASHINGTON, NEW YORK 11050	3 TOBOGGAN HILL PATH COLD SPRING HARBOR, NY 11724
CHEMELLO, ROBERTO DIRECTOR/CO-CHIEF EXECUTIVE OFFICER	N/A	44 HARBOR PARK DRIVE PORT WASHINGTON, NEW YORK 11050	AGORDO, BELLUNO 32021 ITALIA
BOXER, MICHAEL A. VICE PRESIDENT AND SECRETARY	082-60-9888	44 HARBOR PARK DRIVE PORT WASHINGTON, NEW YORK 11050	19 THE OAKS ROSLYN ESTATES, NY 11576
GIANNOLA, VITO VICE PRESIDENT AND TREASURER	052-54-4263	44 HARBOR PARK DRIVE PORT WASHINGTON, NEW YORK 11050	61 SANDY HOLLOW RD PORT WASHINGTON, NY 11050
GIACOBBI, VALERIO VICE PRESIDENT	N/A	44 HARBOR PARK DRIVE PORT WASHINGTON, NEW YORK 11050	
FIABANE, ANDREA VICE PRESIDENT	N/A	44 HARBOR PARK DRIVE PORT WASHINGTON, NEW YORK 11050	