FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P29939** **(6)**

1. Corporate Name
U. S. VISION, INC.

Principal Place of Business	Mailing Address
2670 IRVING BLVD DALLAS TX 75207-2394 US	2670 IRVING BLVD DALLAS TX 75207-2394 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/26/1990**
3a. Date of Last Report: **05/10/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **22-2349888** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. Does corporation have liability for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0501, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0501, Florida Statutes.

SIGNATURE

12. OFFICER'S AND DIRECTOR'S		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	CD	TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, WILLIAM A. JR.	NAME	
STREET ADDRESS	250 74TH STREET	STREET ADDRESS	
CITY-ST-ZIP	AVALON NJ	CITY-ST-ZIP	
TITLE	EVP	TITLE	☐ Change ☐ Addition
NAME	MCGRATH, JAMES M.	NAME	
STREET ADDRESS	136 LATCHES LANE	STREET ADDRESS	
CITY-ST-ZIP	MEDIA PA	CITY-ST-ZIP	
TITLE	EVP	TITLE	☐ Change ☐ Addition
NAME	SCHMIDT, GAYLE E.	NAME	
STREET ADDRESS	114 MADISON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LAUREL SPRINGS NJ	CITY-ST-ZIP	
TITLE	CST	TITLE	☐ Change ☐ Addition
NAME	MCHENRY, GEORGE E., JR.	NAME	
STREET ADDRESS	2760 IRVING BLVD	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	CITY-ST-ZIP	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, WILLIAM A JR	NAME	
STREET ADDRESS	2760 IRVING BLVD	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	CITY-ST-ZIP	
TITLE	D	TITLE	☒ Change ☐ Addition
NAME	HILL, VERNON W., II	NAME	
STREET ADDRESS	2760 IRVING BLVD	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	CITY-ST-ZIP	Delete

14. I/We hereby certify that the information supplied with this filing is complete, accurate and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] See/Treas 3/13/95 (214)638-1397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0472348 FP