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Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000026082 (3)

1. Corporation Name

ESSILOR LABORATORIES OF AMERICA, INC.

Principal Place of Business  
1808 GOLDEN GATE DRIVE  
GREENSBORO NC 37405

Mailing Address  
2400 118TH AVENUE N.  
ST. PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/25/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3920760	
22	City & State	27	City & State	5. Certificate of Status Desired <b>XXX</b> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <b>XXX</b> No	

g. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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 Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	SEE STATEMENT 1 <b>XXX</b> Change <input type="checkbox"/> Addition
NAME	FONTANET, XAVIER	1.2 NAME	
STREET ADDRESS	P.O. BOX 21328, 1909 N. CHURCH ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO NC 27420	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SEE STATEMENT 1 <b>XXX</b> Change <input type="checkbox"/> Addition
NAME	SAGNIERES, HUBERT	2.2 NAME	
STREET ADDRESS	P.O. BOX 21328, 1909 N. CHURCH ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO NC 27420	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	SEE STATEMENT 1 <b>XXX</b> Change <input type="checkbox"/> Addition
NAME	LA LUZERNE, JAMES	3.2 NAME	
STREET ADDRESS	P.O. BOX 21328, 1909 N. CHURCH ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO NC 27420	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	SEE STATEMENT 1 <b>XXX</b> Change <input type="checkbox"/> Addition
NAME	SLOAN, THOMAS R	4.2 NAME	
STREET ADDRESS	P.O. BOX 21328, 1909 N. CHURCH ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO NC 27420	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	SEE STATEMENT 1 <b>XXX</b> Change <input type="checkbox"/> Addition
NAME	LECORVAISLER-GERBIER, FABIENNE	5.2 NAME	
STREET ADDRESS	P.O. BOX 21328, 1909 N. CHURCH ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO NC 27420	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	SEE STATEMENT 1 <b>XXX</b> Change <input type="checkbox"/> Addition
NAME	DUFFENS, GARY	6.2 NAME	
STREET ADDRESS	P.O. BOX 21328, 1909 N. CHURCH ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	GREENSBORO NC 27420	6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 unchanged, or on an attachment with an address.

SIGNATURE:

Jon Schen, V.P. & C.F.O.

4/6/98 (813) 572-0844

CR2E034 (10/97)

**ESSILOR LABORATORIES OF AMERICA, INC**

**Officers**

President and Treasurer  
Jacques Stoerr  
401 Edgewater Place, Suite 250  
Wakefield, MA 01880

Secretary and Vice President  
Fabienne LeCorvaisier  
147 Rue de Paris  
94227 Charenton, France

**Directors**

Gary Duffens  
400 Southeast Quincy  
Topeka, KS 66603

Xavier Fontanet  
147 Rue de Paris  
94227 Charenton, France

James LaLuzerne  
P.O. Box 10387  
Green Bay, WI 54307

Fabienne LeCorvaisier-Gerber  
147 Rue de Paris  
94227 Charenton, France

Hubert Sagnieres  
13515 N. Stemmons Freeway  
Dallas, TX 75234

Thomas Sloan  
1806 Golden Gate Drive  
Greensboro, NC 27405

Thomas Styers  
1806 Golden Gate Drive  
Greensboro, NC 27405

Jacques Stoerr  
401 Edgewater Place, Suite 250  
Wakefield, MA 01880