

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90023 018 ***158.75

DOCUMENT # P96000026082

1. Corporation Name

ESSILOR LABORATORIES OF AMERICA, INC.



Principal Place of Business
**1806 GOLDEN GATE DRIVE
GREENSBORO NC 37405**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1996

4. FEI Number

13-3920760

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. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 13515 N. Stemmons

2a. Mailing Address

26 2400 118th Avenue N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 Attn: Ann E. Pointer

City & State

23 Dallas, TX

City & State

28 St. Petersburg, FL

Zip

24 75234

Country

25 USA

Zip

29 33716

Country

30 USA

9. 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

TITLE **D** ☐ DELETE

NAME **FONTANET, XAVIER**

STREET ADDRESS **147 RUE DE PARIS**

CITY-ST-ZIP **94227 CHARENTON FR 27420**

TITLE **D** ☐ DELETE

NAME **SAGNIERES, HUBERT**

STREET ADDRESS **13515 N. STEMMONS FREEWAY**

CITY-ST-ZIP **DALLAS TX 75234**

TITLE **D** ☐ DELETE

NAME **STYERS, THOMAS**

STREET ADDRESS **1806 GOLDEN GATE DRIVE**

CITY-ST-ZIP **GREENSBORO NC 27405**

TITLE **D/V** ☐ DELETE

NAME **SLOAN, THOMAS R**

STREET ADDRESS **1806 GOLDEN GATE DRIVE**

CITY-ST-ZIP **GREENSBORO NC 27405**

TITLE **D** ☐ DELETE

NAME **LECORVAISLER-GERBIER, FABIENNE**

STREET ADDRESS **147 RUE DE PARIS**

CITY-ST-ZIP **94227 CHARENTON FR 27420**

TITLE **D/V** ☐ DELETE

NAME **DUFFENS, GARY**

STREET ADDRESS **400 SOUTHEAST QUINCY**

CITY-ST-ZIP **TOPEKA KS 66603**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition

1.2 NAME **Paddison, Chris**

1.3 STREET ADDRESS **13515 N. Stemmons Freeway**

1.4 CITY-ST-ZIP **Dallas, TX 75234**

2.1 TITLE **S** ☐ Change ☒ Addition

2.2 NAME **Pointer, Ann E.**

2.3 STREET ADDRESS **2400 118th Avenue North**

2.4 CITY-ST-ZIP **St. Petersburg, FL 33716**

3.1 TITLE **T** ☐ Change ☒ Addition

3.2 NAME **Schon, Joni**

3.3 STREET ADDRESS **13515 N. Stemmons Freeway**

3.4 CITY-ST-ZIP **Dallas, TX 75234**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **LaLuzerne, Jim**

4.3 STREET ADDRESS **4238 Pouwels Court**

4.4 CITY-ST-ZIP **Depere, WI 54115**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **Stoerr, Jacques**

5.3 STREET ADDRESS **13515 N. Stemmons Freeway**

5.4 CITY-ST-ZIP **Dallas, TX 75234**

6.1 TITLE **V** ☐ Change ☒ Addition

6.2 NAME **Doubler, Jerry**

6.3 STREET ADDRESS **1909 N. Church Street**

6.4 CITY-ST-ZIP **Greensboro, NC 27420**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann E. Pointer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99
Date

727-572-0844

Daytime Phone #

CR2E034 (11/98)