

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90032 004 ***150.00

DOCUMENT # P96000026082

1. Entity Name

ESSILOR LABORATORIES OF AMERICA, INC. HOLDING CO., INC.

N/C 12/15/00 (TM)

Principal Place of Business

13515 N STEMMONS
DALLAS TX 75234
US

Mailing Address

2400 118TH AVENUE N.
ATTN: ANN E POINTER
ST. PETERSBURG FL 33716
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-3920760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME FONTANET, XAVIER
STREET ADDRESS 147 RUE DE PARIS
CITY-ST-ZIP 94227 CHARENTON FR 27420

TITLE D ☐ Change ☒ Addition
NAME ALFROID, PHILIPPE
STREET ADDRESS 147 Rue de Paris
CITY-ST-ZIP 94227 CHARENTON FRANCE

TITLE S ☒ Delete
NAME POINTER, ANN E
STREET ADDRESS 2400 118TH AVE N
CITY-ST-ZIP ST PETERSBURG FL 33716

TITLE S ☐ Change ☒ Addition
NAME WALSH, GRETCHEN
STREET ADDRESS 2400 118th Avenue No.
CITY-ST-ZIP St. Petersburg FL 33716

TITLE T ☒ Delete
NAME SCHON, JONI
STREET ADDRESS 13515 N STEMMONS PKWY
CITY-ST-ZIP DALLAS TX 75234

TITLE T ☐ Change ☒ Addition
NAME STYERS, THOMAS III
STREET ADDRESS 1909 N. CHURCH ST.
CITY-ST-ZIP GREENSBORO NC 27405

TITLE DV ☐ Delete
NAME SLOAN, THOMAS R
STREET ADDRESS 1806 GOLDEN GATE DRIVE
CITY-ST-ZIP GREENSBORO NC 27405

TITLE PD ☒ Change ☐ Addition
NAME SLOAN, THOMAS R.
STREET ADDRESS 1806 GOLDEN GATE DRIVE
CITY-ST-ZIP GREENSBORO NC 27405

TITLE D ☒ Delete
NAME SAGNIERES, HUBERT
STREET ADDRESS 13515 N STEMMONS PKWY
CITY-ST-ZIP DALLAS TX 75234

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☒ Delete
NAME DUFFENS, GARY
STREET ADDRESS 400 SOUTHEAST QUINCY
CITY-ST-ZIP TOPEKA KS 66603

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRETCHEN WALSH

Date

4/3/01

Daytime Phone #

727-572-0844

CR2E034 (10/00)