

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90610 049 ***150.00

DOCUMENT # F01000005598

1. Entity Name

ESSILOR LABORATORIES OF AMERICA, INC.

Principal Place of Business

**1909 NORTH CHURCH STREET
 GREENSBORO NC 27405**

Mailing Address

**1909 NORTH CHURCH STREET
 GREENSBORO NC 27405**

2. Principal Place of Business

3. Mailing Address

2400 118th Ave. No.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Petersburg FL

4. FEI Number

38-2673743

Applied For

Not Applicable

Zip

Country

Zip

Country

33716 USA

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD PADDISON, CHRIS 13515 N. STEMMONS FREEWAY DALLAS TX 75234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STYERS, THOMAS R III 13515 N. STEMMONS FREEWAY DALLAS TX 75234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAGNIERES, HUBERT 13515 N. STEMMONS FREEWAY DALLAS TX 75234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLUCCI, BOB 13515 N. STEMMONS FREEWAY DALLAS TX 75234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZIEMAN, PETER 4900 PARK STREET ST. PETERSBURG FL 33709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LACROIX, KAREN 13515 N. STEMMONS FREEWAY DALLAS TX 75234	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OAKLEY, DON 13515 N. STEMMONS FRWY. DALLAS TX 75234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/V STYERS, THOMAS R III 13515 N. STEMMONS FRWY. DALLAS TX 75234	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RUBY, BARBARA 300 NORTH GREEN ST. GREENSBORO NC 27401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFD SCHON, DONI 13515 N. STEMMONS FRWY. DALLAS TX 75234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIAS MILAN, DAVID 13515 N. STEMMONS FRWY. DALLAS TX 75234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WALSH, GRETCHEN 2400 118th AVE. NO. ST. PETERSBURG FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

GRETCHEN WALSH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)