

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006584

FILED  
May 25, 2006  
Secretary of State

Entity Name: COLE NATIONAL CORPORATION

**Current Principal Place of Business:**

4000 LUXOTTICA PL  
MASON, OH 450408114

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8509  
MASON, OH 450407114

**New Mailing Address:**

FEI Number: 34-1453189      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: GIACOBBI, VALERIO  
Address: P.O. BOX 8509  
City-St-Zip: MASON, OH 450407114

Title: DVPS ( ) Delete  
Name: BOXER, MICHAEL  
Address: 44 HARBOR PARK DRIVE  
City-St-Zip: PORT WASHINGTON, NY 11050

Title: DVPT ( ) Delete  
Name: GIANNOLA, VITO  
Address: 44 HARBOR PARK DRIVE  
City-St-Zip: PORT WASHINGTON, NY 11050

Title: COO ( ) Delete  
Name: BRADLEY, KERRY  
Address: P.O. BOX 8509  
City-St-Zip: MASON, OH 450407114

Title: VPCO ( ) Delete  
Name: DENNIS, JACK  
Address: P.O. BOX 8509  
City-St-Zip: MASON, OH 450407114

Title: AS ( ) Delete  
Name: GRIFFITHS, WILLIAM  
Address: P.O. BOX 8509  
City-St-Zip: MASON, OH 450407114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK DENNIS

Electronic Signature of Signing Officer or Director

VPCO

05/25/2006

\_\_\_\_\_ Date