

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UPR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90662 021 ***150.00

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1. Entity Name
ESSILOR LABORATORIES OF AMERICA HOLDING CO., INC



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
2400 118th AVENUE N.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
ST. PETERSBURG FL
Zip
33716 Country
USA

City & State
Zip Country

4. FEI Number **13-3920760**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONTANET, XAVIER 147 RUE DE PARIS 94227 CHARENTON FR 27420	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALSH, GRETCHEN 2400 118TH AVE N ST PETERSBURG FL 33716	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS III, STYERS 1909 N. CHURCH ST. GREENSBORO NC 27405	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SLOAN, THOMAS R 1808 GOLDEN GATE DRIVE GREENSBORO NC 27405	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFROID, PHILIPPE 147 DE PARIS CHARENTON FRANCE 94227	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLOAN, THOMAS R. 1808 GOLDEN GATE DR. GREENSBORO NC 27405	<input checked="" type="checkbox"/> Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T ALFROID, PHILIPPE 147 RUE DE PARIS CHARENTON FRANCE 94227	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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
SECRETARY

1-17-03 727-572-0844
Date Daytime Phone

CR2E034 (10/02)