

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000026082

Entity Name: ESSILOR LABORATORIES OF AMERICA HOLDING CO., INC.**Current Principal Place of Business:**13555 N. STEMMONS FREEWAY
ATTN: LEGAL DEPT.
DALLAS, TX 75234**Current Mailing Address:**13555 N. STEMMONS FREEWAY
ATTN: LEGAL DEPT.
DALLAS, TX 75234 US**FEI Number: 13-3920760****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	AS
Name	TULLOS, KATHERINE
Address	13555 N. STEMMONS FRWY.
City-State-Zip:	DALLAS TX 75234

Title	SECRETARY
Name	MOTT, MICHAEL
Address	4000 LUXOTTICA PLACE
City-State-Zip:	MASON OH 45040

Title	DIRECTOR
Name	MOSCA, ETTORE
Address	1 WEST 37TH STREET
City-State-Zip:	NEW YORK NY 10018

Title	PRESIDENT
Name	MOSCA, ETTORE
Address	1 WEST 37TH STREET
City-State-Zip:	NEW YORK NY 10018

Title	TREASURER
Name	MARSURA, LUCA
Address	1 WEST 37TH STREET
City-State-Zip:	NEW YORK NY 10018

Title	VP
Name	SEIWERT, DAN
Address	12 HARBOR PARK DRIVE
City-State-Zip:	PORT WASHINGTON NY 11050

Title	CFO
Name	FRANCESCUTTO, SARA
Address	1 WEST 37TH STREET
City-State-Zip:	NEW YORK NY 10018

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL MOTT**SECRETARY****03/25/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date