

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000003159

**Entity Name:** THE SEEING EYE, INC.**Current Principal Place of Business:**1 SEEING EYE WAY  
MORRISTOWN, NJ 07960**Current Mailing Address:**P.O. BOX 375  
MORRISTOWN, NJ 07963-0375 US**FEI Number:** 22-1539721**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            PRESIDENT  
Name            HOWARD, MARGARET E  
Address        P.O. BOX 375  
City-State-Zip: MORRISTOWN NJ 07963-0375

Title            VC  
Name            HERTZ, DAVID  
Address        P.O. BOX 375  
City-State-Zip: MORRISTOWN NJ 07963-0375

Title            AT  
Name            HANDS, JAMES  
Address        P.O. BOX 375  
City-State-Zip: MORRISTOWN NJ 07963-0375

Title            TREASURER  
Name            KWON, OHSANG  
Address        P.O. BOX 375  
City-State-Zip: MORRISTOWN NJ 07963-0375

Title            C  
Name            BRYANT, CYNTHIA  
Address        P.O. BOX 375  
City-State-Zip: MORRISTOWN NJ 07963-0375

Title            AS  
Name            JOHNSON, DAVID H.  
Address        P.O. BOX 375  
City-State-Zip: MORRISTOWN NJ 07963-0375

Title            VC  
Name            KIERNAN, CATHERINE  
Address        P.O. BOX 375  
City-State-Zip: MORRISTOWN NJ 07963-0375

Title            ASST. SECRETARY  
Name            ZANGOGLIA, DENISE  
Address        P.O. BOX 375  
City-State-Zip: MORRISTOWN NJ 07963-0375

**Continues on page 2**

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES HANDS**ASSISTANT TREASURER    04/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	S
Name	MITTELMAN, MICHAEL
Address	P.O. BOX 375
City-State-Zip:	MORRISTOWN NJ 07963