

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003159

Entity Name: THE SEEING EYE, INC.**Current Principal Place of Business:**10 WASHINGTON VALLEY ROAD
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 C
Name DUFFY, THOMAS J
Address P.O. BOX 375
City-State-Zip: MORRISTOWN NJ 07963-0375

Title VC
Name HOWARD, MARGARET E
Address P.O. BOX 375
City-State-Zip: MORRISTOWN NJ 07963-0375

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

Title P
Name KUTSCH, JR., JAMES A
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 AT
Name PUDLAK, ROBERT
Address P.O. BOX 375
City-State-Zip: MORRISTOWN NJ 07963-0375

Title SECRETARY
Name CARROLL, JULIE H.
Address P.O. BOX 375
City-State-Zip: MORRISTOWN NJ 07963-0375

Title TREASURER
Name HAMWEE, ROBERT A
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: ROBERT PUDLAK**ASSISTANT TREASURER** 04/23/2019_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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