2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State
9372224909CC

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Entity Name: DAVIS VISION, INC.

Current Principal Place of Business:

500 JORDAN ROAD
TROY, NY 12180

Current Mailing Address:

500 JORDAN ROAD
TROY, NY 12180 US

FEI Number: 11-3051991

Certificate of Status Desired: Yes

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	SENIOR VICE PRESIDENT AND SECRETARY
Name	TAVEL, BRUCE
Address	881 ELKRIDGE LANDING RD. SUITE 300
City-State-Zip:	LINTHICUM MD 21090

Title	DIRECTOR
Name	KATZ, TODD
Address	200 PARK AVE
City-State-Zip:	NEW YORK NY 10166

Title	TAX OFFICER
Name	MCCLAIN, AARON
Address	200 PARK AVE.
City-State-Zip:	NEW YORK NY 10166

Title	CEO, PRESIDENT
Name	RYAN-REID, MEREDITH
Address	881 ELKRIDGE LANDING RD. SUITE 300
City-State-Zip:	LINTHICUM MD 21090

Title	CFO AND TREASURER
Name	DAVIS, KIMBERLY
Address	881 ELKRIDGE LANDING ROAD SUITE 300
City-State-Zip:	LINTHICUM MD 21090

Title	DIRECTOR
Name	BERTELLOI-PHELPS, HEATHER
Address	501 ROUTE 22
City-State-Zip:	BRIDGEWATER NJ 08807

Title	TAX OFFICER
Name	KLOTZBACH, MICHELLE
Address	11330 OLIVE BLVD.
City-State-Zip:	ST. LOUIS MO 63141

Title	DIRECTOR
Name	CHIGNOLI, BRADD
Address	501 US HIGHWAY 22
City-State-Zip:	BRIDGEWATER NJ 08807

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

SIGNATURE: LORENA JELKS — LICENSING COMPLIANCE OFFICER — 04/08/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	LICENSING COMPLIANCE OFFICER
Name	JELKS, LORENA
Address	881 ELKRIDGE LANDING ROAD SUITE 300
City-State-Zip:	LINTHICUM MD 21090

Title	SALES & OPERATIONS OFFICER
Name	MONTUORI, PAUL
Address	881 ELKRIDGE LANDING ROAD SUITE 300
City-State-Zip:	LINTHICUM MD 21090