

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000002018

**Entity Name:** DAVIS VISION, INC.**Current Principal Place of Business:**175 E. HOUSTON STREET  
SAN ANTONIO, TX 78205**Current Mailing Address:**175 E. HOUSTON STREET  
SAN ANTONIO, TX 78205**FEI Number:** 11-3051991**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           | PRESIDENT                             |
| Name            | ROTHROCK, KIRK                        |
| Address         | 939 ELKRIDGE LANDING RD.<br>SUITE 200 |
| City-State-Zip: | LINTHICUM MD 21090                    |

|                 |                                       |
|-----------------|---------------------------------------|
| Title           | SECRETARY AND TREASURER               |
| Name            | TAVEL, BRUCE ESQ.                     |
| Address         | 939 ELKRIDGE LANDING RD.<br>SUITE 200 |
| City-State-Zip: | LINTHICUM MD 21090                    |

|                 |                             |
|-----------------|-----------------------------|
| Title           | DIRECTOR                    |
| Name            | KABAKER, MATTHEW            |
| Address         | 375 PARK AVENUE, 12TH FLOOR |
| City-State-Zip: | NEW YORK NY 10152           |

|                 |                             |
|-----------------|-----------------------------|
| Title           | DIRECTOR                    |
| Name            | OSNOSS, DANIEL              |
| Address         | 375 PARK AVENUE, 12TH FLOOR |
| City-State-Zip: | NEW YORK NY 10152           |

|                 |                             |
|-----------------|-----------------------------|
| Title           | DIRECTOR                    |
| Name            | BOXER, MICHAEL              |
| Address         | 375 PARK AVENUE, 12TH FLOOR |
| City-State-Zip: | NEW YORK NY 10152           |

*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:** BRUCE TAVEL**SECRETARY AND  
TREASURER****02/08/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date