

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000004865

**Entity Name:** MARCHON EYEWEAR, INC.

**Current Principal Place of Business:**

201 OLD COUNTRY ROAD  
MELVILLE, NY 11747

**FILED**  
**Jan 17, 2014**  
**Secretary of State**  
**CC2984120643**

**Current Mailing Address:**

201 OLD COUNTRY ROAD  
MELVILLE, NY 11747

**FEI Number: 11-2617364**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            CEO  
Name            GOTTARDI, CLAUDIO MR.  
Address        201 OLD COUNTRY ROAD  
City-State-Zip: MELVILLE NY 11747

Title            VPSD  
Name            WRIGHT, STEVE MR.  
Address        201 OLD COUNTRY ROAD  
City-State-Zip: MELVILLE NY 11747

Title            T  
Name            GENTILE, ROBERT MR.  
Address        201 OLD COUNTRY ROAD  
City-State-Zip: MELVILLE NY 11747

Title            COO  
Name            FOX, MARTIN MR.  
Address        201 OLD COUNTRY ROAD  
City-State-Zip: MELVILLE NY 11747

*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: ROBERT GENTILE**

**VP FINANCE**

**01/17/2014**

Electronic Signature of Signing Officer/Director Detail

Date