

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000004973

Entity Name: COLUMBUS EYE ASSOCIATES, INC.

Current Principal Place of Business:

7840 MONTGOMERY ROAD
CINCINNATI, OH 45236

Current Mailing Address:

7840 MONTGOMERY ROAD
CINCINNATI, OH 45236 US

FEI Number: 31-1463156

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 ASST. SECRETARY, DIRECTOR
Name WILLS, NEIL DR.
Address 7840 MONTGOMERY ROAD
City-State-Zip: CINCINNATI OH 45236

Title CFO
Name CLEBREZZE, MICHAEL F
Address 7840 MONTGOMERY ROAD
City-State-Zip: CINCINNATI OH 45236

Title PRESIDENT
Name GREENBERG, JASON DR.
Address 7840 MONTGOMERY ROAD
City-State-Zip: CINCINNATI OH 45236

Title SR. VP
Name SEBASTIAN, RHONDA
Address 7840 MONTGOMERY ROAD
City-State-Zip: CINCINNATI OH 45236

Title TREASURER
Name HARRIS, JOSEPH J
Address 7840 MONTGOMERY ROAD
City-State-Zip: CINCINNATI OH 45236

Title DIRECTOR, EXECUTIVE VP
Name JOFFE, CRAIG P.R.
Address 7840 MONTGOMERY ROAD
City-State-Zip: CINCINNATI OH 45236

Title DIRECTOR, GENERAL COUNSEL AND SECRETARY
Name DINEEN, KEVIN M
Address 7840 MONTGOMERY ROAD
City-State-Zip: CINCINNATI OH 45236

Title VP
Name DINGA, ROBERT DR.
Address 7840 MONTGOMERY ROAD
City-State-Zip: CINCINNATI OH 45236

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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: KEVIN M. DINEEN

DIRECTOR

01/11/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CONTROLLER
Name ROBERTS, JEFF
Address 7840 MONTGOMERY ROAD
City-State-Zip: CINCINNATI OH 45236