

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000006551

Entity Name: SEE OPTICS, INC.

**Current Principal Place of Business:**

19800 WEST EIGHT MILE ROAD  
SOUTHFIELD, MI 48075

**Current Mailing Address:**

19800 WEST EIGHT MILE ROAD  
SOUTHFIELD, MI 48075

FEI Number: 38-3367543

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 D  
Name GOLDEN, RICHARD S  
Address 19800 WEST EIGHT MILE ROAD  
City-State-Zip: SOUTHFIELD MI 48075

Title D  
Name GOLDEN, RANDAL E  
Address 19800 WEST EIGHT MILE ROAD  
City-State-Zip: SOUTHFIELD MI 48075

Title P  
Name GOLDEN, RICHARD S  
Address 19800 WEST EIGHT MILE ROAD  
City-State-Zip: SOUTHFIELD MI 48075

Title T  
Name BELSKY, ANDREW S.  
Address 19800 WEST EIGHT MILE ROAD  
City-State-Zip: SOUTHFIELD MI 48075

Title S  
Name GOLDEN, RANDAL E  
Address 19800 WEST EIGHT MILE ROAD  
City-State-Zip: SOUTHFIELD MI 48075

Title EXECUTIVE VICE PRESIDENT  
Name GOLDEN, RANDAL E  
Address 19800 WEST EIGHT MILE ROAD  
City-State-Zip: SOUTHFIELD MI 48075

Title VP  
Name LAFFEY, STEVEN R  
Address 19800 WEST EIGHT MILE ROAD  
City-State-Zip: SOUTHFIELD MI 48075

*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: ANDREW S. BELSKY

TREASURER

03/04/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date