2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2012
Secretary of State

DOCUMENT# 256675

Entity Name: JOHNSON & JOHNSON VISION CARE, INC.

Current Principal Place of Business:

7500 CENTURION PKWY
STE 100
JACKSONVILLE, FL 32256

New Principal Place of Business:

VISTAKON (CORP HDQTS.)
7500 CENTURION PARKWAY
JACKSONVILLE, FL 32256 US

Current Mailing Address:

7500 CENTURION PKWY
STE 100
JACKSONVILLE, FL 32256

New Mailing Address:

VISTAKON (CORP HDQTS.)
7500 CENTURION PARKWAY
JACKSONVILLE, FL 32256 US

FEI Number: 59-0948197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: BROWN, DAVID S PD
Address: VISTAKON(CORP HDQTS.),7500 CENTURION PRKWY
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VPSD
Name: MALIN, MADONNA M VPSD
Address: VISTAKON(CORP HDQTS.),7500 CENTURION PRKWY
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VPT
Name: SCAVILLA, DANIEL T VPT
Address: VISTAKON(CORP HDQTS.),7500 CENTURION PRKWY
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP
Name: CANNY, JAMES F VP
Address: VISTAKON(CORP HDQTS.),7500 CENTURION PRKWY
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP
Name: CARTER, MICHAEL A VP
Address: VISTAKON(CORP HDQTS.),7500 CENTURION PRKWY
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D
Name: MCEVOY, ASHLEY D
Address: VISTAKON(CORP HDQTS.),7500 CENTURION PRKWY
City-St-Zip: JACKSONVILLE, FL 32256 US

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: BRITNI WIGE POA 04/19/2012

Electronic Signature of Signing Officer or Director — Date