

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91108 017 ***150.00

03/16/03
11

DOCUMENT # F00000001402

1. Entity Name
ADVANCED LENS TECHNOLOGY, INC.



Principal Place of Business
**ONE AMERICAN ROAD
CLEVELAND OH 44144**

Mailing Address
**ONE AMERICAN ROAD
CLEVELAND OH 44144**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **34-1827665**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AS	<input type="checkbox"/> Delete
NAME	ALDEN, PHYLLIS	
STREET ADDRESS	ONE AMERICAN ROAD	
CITY-ST-ZIP	CLEVELAND OH 44144	
TITLE	T	<input type="checkbox"/> Delete
NAME	CABLE, DALE A	
STREET ADDRESS	ONE AMERICAN ROAD	
CITY-ST-ZIP	CLEVELAND OH 44144	
TITLE	S	<input type="checkbox"/> Delete
NAME	GROETZINGER, JON JR.	
STREET ADDRESS	ONE AMERICAN ROAD	
CITY-ST-ZIP	CLEVELAND OH 44144	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PEER, RONALD J	
STREET ADDRESS	ONE AMERICAN ROAD	
CITY-ST-ZIP	CLEVELAND OH 44144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-03 216-252-7300
Date Daytime Phone #

CR2E034 (10/02)