

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90401 044 ***550.00

DOCUMENT # F00000005633

1. Entity Name
WISE OPTICAL VISION GROUP, INC.

Principal Place of Business

ONE EXECUTIVE BLVD.
YONKERS NY 10701

Mailing Address

ONE EXECUTIVE BLVD.
YONKERS NY 10701

2. Principal Place of Business

FOUR EXECUTIVE PLAZA
 Suite, Apt. #, etc.

3. Mailing Address

FOUR EXECUTIVE PLAZA
 Suite, Apt. #, etc.

City & State

YONKERS, New York

City & State

YONKERS, New York

Zip

10701

Country

USA

Zip

10701

Country

USA

4. FEI Number

13-3107467

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

REMS, JEFFREY
7643 N. 56TH ST., UNIT 7643
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City
Tallahassee **FL** **Zip Code**
32301

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.

SIGNATURE

John H. Pelletier

JOHN H. PELLETIER

ASST. VICE PRESIDENT

6/7/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State - FLS

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
D ☐ Delete
NAME
TUCKER, ROB
STREET ADDRESS
303 CEDAR LN.
CITY-ST-ZIP
NEW CAINEU CT 06480

TITLE
D ☐ Delete
NAME
RUTLEDGE, JOHN
STREET ADDRESS
241 WEAVER STREET -APT 12E
CITY-ST-ZIP
GREENWICH CT 06831

TITLE
S ☐ Delete
NAME
REMS, JEFFREY
STREET ADDRESS
154 GEIGER DRIVE
CITY-ST-ZIP
VALLEY COTTAGE NY 10989

TITLE
D/P ☐ Delete
NAME
LORELLI, MICHAEL
STREET ADDRESS
25 WINDING LANE
CITY-ST-ZIP
DARIEN CT 06820

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
ONE Canterbury Green
STAMFORD CT, 06901

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
ONE Canterbury Green
STAMFORD CT 06901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
15 NORMAN LANE
DARIEN CT 06820

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mike Lorelli
6.4.02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)