

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
VISION OF CORPORATION

04 DEC 15 AM 11:10

REINSTATEMENT 04



11192004 REIN-P CR2E098 (6/04)

4. FEI Number ~~20-0114503~~ 31-1406819 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

Cynthia L. Harris
as its agent

SIGNATURE *Cynthia L. Harris*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12/15/04

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROSSLER, JOHN C	
STREET ADDRESS	3241 WESTERVILLE ROAD	
CITY-ST-ZIP	COLUMBUS, OH 43224	
TITLE	VST	<input type="checkbox"/> Delete
NAME	MCGRADY, JAMES A	
STREET ADDRESS	3241 WESTERVILLE ROAD	
CITY-ST-ZIP	COLUMBUS, OH 43224	
TITLE	VCOO	<input checked="" type="checkbox"/> Delete
NAME	KOZLOWSKI, EDWIN J	
STREET ADDRESS	3241 WESTERVILLE ROAD	
CITY-ST-ZIP	COLUMBUS, OH 43224	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	DAVIS, JULIA A	
STREET ADDRESS	3241 WESTERVILLE ROAD	
CITY-ST-ZIP	COLUMBUS, OH 43224	
TITLE	VCNT	<input type="checkbox"/> Delete
NAME	MILLER, STEVEN E	
STREET ADDRESS	3241 WESTERVILLE ROAD	
CITY-ST-ZIP	COLUMBUS, OH 43224	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ROSS, JAN	
STREET ADDRESS	3241 WESTERVILLE ROAD	
CITY-ST-ZIP	COLUMBUS, OH 43224	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Heywood Wilansky	
STREET ADDRESS	3241 Westerville Road	
CITY-ST-ZIP	Columbus, OH 43224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000043815800
12/27/04--01002--005 **750.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(614) 478-2300