2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 04, 2005 8:00 am Secretary of State DOCUMENT # F04000004865 1. Entity Name 04-04-2005 90067 040 ***150.00 MARCHON EYEWEAR, INC. Principal Place of Business Mailing Address 35 HUB DRIVE 35 HUB DRIVE MELVILLE NY 11747 **MELVILLE NY 11747** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 11-2617364 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE Delete 7171 F BERG, AL NAME NAME STREET ADDRESS 35 HUB DRIVE STREET ADDRESS CITY-ST-ZIP **MELVILLE NY 11747** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME WHITE, JEFF J NAME STREET ADDRESS STREET ADDRESS 35 HUB DRIVE **MELVILLE NY 11747** CITY-ST-ZIP CITY-ST-ZIP Addition COO ☐ Delete Change HILE TITLE MARTIN, RICHARD A NAME NAME 35 HUB DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MELVILLE NY 11747** CITY-ST-ZIP VPSD Delete TITLE Change Addition ROTH, LARRY NAME NAME 35 HUB DRIVE STREET ADDRESS STREET ADDRESS **MELVILLE NY 11747** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE GENTILE, ROBERT NAME NAME 35 HUB DRIVE STREET ADDRESS STREET ADDRESS **MELVILLE NY 11747** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information surplied 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 true ee 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 address with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #