

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000004865

Entity Name: MARCHON EYEWEAR, INC.

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

35 HUB DRIVE  
MELVILLE, NY 11747

## **New Principal Place of Business:**

201 OLD COUNTRY ROAD  
MELVILLE, NY 11747

## **Current Mailing Address:**

35 HUB DRIVE  
MELVILLE, NY 11747

## **New Mailing Address:**

201 OLD COUNTRY ROAD  
MELVILLE, NY 11747

FEI Number: 11-2617364

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CEO  
Name: GOTTARDI, CLAUDIO MR.  
Address: 201 OLD COUNTRY ROAD  
City-St-Zip: MELVILLE, NY 11747

Title: VPSD  
Name: WRIGHT, STEVE MR.  
Address: 201 OLD COUNTRY ROAD  
City-St-Zip: MELVILLE, NY 11747

Title: T  
Name: GENTILE, ROBERT MR.  
Address: 201 OLD COUNTRY ROAD  
City-St-Zip: MELVILLE, NY 11747

Title: COO  
Name: FOX, MARTIN MR.  
Address: 201 OLD COUNTRY ROAD  
City-St-Zip: MELVILLE, NY 11747

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: MARTIN FOX

COO

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date