

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003689

FILED
Jan 09, 2012
Secretary of State

Entity Name: AMERICAN ACADEMY OF OPTOMETRY, INC.

Current Principal Place of Business:

6110 EXECUTIVE BOULEVARD, SUITE 506
ROCKVILLE, MD 20852

New Principal Place of Business:

Current Mailing Address:

6110 EXECUTIVE BOULEVARD, SUITE 506
ROCKVILLE, MD 20852

New Mailing Address:

FEI Number: 41-1227642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D
Name: SCHOENBRUN, LOIS
Address: 6110 EXECUTIVE BOULEVARD, SUITE 506
City-St-Zip: ROCKVILLE, MD 20852

Title: P
Name: ZADNIK, KARLA
Address: 6110 EXECUTIVE BOULEVARD, SUITE 506
City-St-Zip: ROCKVILLE, MD 20852

Title: ST
Name: BENCE, BRETT G
Address: 10330 MERIDIAN AVENUE, NORTH, SUITE 370
City-St-Zip: SEATTLE, WA 981339451

Title: P
Name: EGER, MARK W
Address: 1501 STATE AVENUE
City-St-Zip: CORAOPOLIA, PA 15108

Title: D
Name: CAFFERY, BARBARA DR.
Address: 33 AVENUE ROAD
City-St-Zip: TONRONTON, ONTARIO M5R 2G3,

Title: D
Name: HARRIS, MICHAEL G
Address: 2300 HERITAGE HILLS DR
City-St-Zip: PLEASANT HILLS, CA 94523

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LOIS SCHOENBRUN

D

01/09/2012

Electronic Signature of Signing Officer or Director

Date