

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90144 015 \*\*\*150.00

**DOCUMENT # F93000003578**

1. Entity Name  
**COLE VISION SERVICES, INC.**



Principal Place of Business

**ATTN TAX DEPARTMENT  
1925 ENTERPRISE PWY  
TWINSBURG, OH 44087**

Mailing Address

**ATTN TAX DEPARTMENT  
1925 ENTERPRISE PWY  
TWINSBURG, OH 44087 US**

2. Principal Place of Business

**4000 Luxottica PL**

3. Mailing Address

**P.O. Box 8509**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Mason OH**

City & State

**Mason OH**

Zip

**45040-8114**

Country

**U.S.**

Zip

**45040-7114**

Country

**U.S.**

04212005

Chg-P

CR2E034 (10/03)

4. FEI Number

**34-1733137**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POLLOCK, LARRY 18100 NORTH PARK BLVD SHAKER HEIGHTS, OH 44120	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNN, LESLIE D 2849 GLENGARY RD SHAKER HEIGHTS, OH 44120	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAGLIOTI, JOSEPH 3071 NORTH PARK BLVD CLEVELAND, OH 44118	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHERRIFF, DAVID J 2261 HALCYON RD BEACHWOOD, OH 44122	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTX BARDWELL, KATHLEEN L 403 CUTLER LANE HUDSON, OH 44236	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Mary Ann Lavery **Mary Ann Lavery** 04-29-2005 513-765-6948  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

COLE VISION SERVICES, INC.  
OFFICERS & DIRECTORS  
AS OF MARCH 2005

Attachment  
# F93000003578  
20057437

NAME	TITLE	BUSINESS ADDRESS
<b><u>Directors</u></b>		
Valerio Giacobbi	Director	P.O. Box 8509, Mason, OH 45040
Michael Boxer	Director	44 Harbor Park Drive, Port Washington, NY 11050
Vito Giannola	Director	44 Harbor Park Drive, Port Washington, NY 11050
Jack S. Dennis	Director	P.O. Box 8509, Mason, OH 45040
<b><u>Officers</u></b>		
Valerio Giacobbi	Chief Executive Officer	P.O. Box 8509, Mason, OH 45040
Kerry Bradley	Chief Operating Officer	P.O. Box 8509, Mason, OH 45040
Michael Boxer	Vice President	44 Harbor Park Drive, Port Washington, NY 11050
Jack Dennis	Vice President & Chief Financial Officer & Treasurer	P.O. Box 8509, Mason, OH 45040
Liz DiGiandomenico	President and Secretary	P.O. Box 8509, Mason, OH 45040
David Beal	Vice President, Finance	1925 Enterprise Parkway, Twinsburg, OH 44087
Tracy L. Burmeister	Assistant Treasurer	1925 Enterprise Parkway, Twinsburg, OH 44087
Scott Hamey	Assistant Secretary	1925 Enterprise Parkway, Twinsburg, OH 44087
Mildred A. Curtis	Assistant Secretary	P.O. Box 8509, Mason, OH 45040