

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90749 001 \*\*\*150.00

**DOCUMENT # F95000002951**

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



Principal Place of Business  
**C/O COLE VISION CORPORATION  
1925 ENTERPRISE PKWY ATTN: TAX DEPT  
TWINSBURG, OH 44087 US**

Mailing Address  
**C/O COLE VISION CORPORATION  
1925 ENTERPRISE PKWY ATTN: TAX DEPT  
TWINSBURG, OH 44087 US**



04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>34-1795292</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>C-T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		Name <b>LARRY POLLOCK</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>18100 SOUTH PARK BLVD</b>	
		City <b>SHAKER HEIGHTS OH 44120</b>	
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COBD COLE, JEFFREY A 5200 THREE VILLAGE DR LYNDHURST, OH 44124</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR LARRY POLLOCK 18100 SOUTH PARK BLVD SHAKER HEIGHTS OH 44120</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HOLDEN, STEPHEN L 1761 EAST HAYMARKET W HUDSON, OH 44236</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GAGLIOTI, JOSEPH 3071 NORTH PARK BLVD CLEVELAND, OH 44118</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SHERRIFF, DAVID T 2261 HALEYON RD BEACHWOOD, OH 44122</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT HERNANDEZ, CARLOS 31435 BAYRIDGE BLVD WILLOUGHBY, OH 44094</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT, TAX KATHLEEN L. BARDWELL 403 CUTLER LANE HUDSON OH 44236</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:** *Kathleen L. Bardwell* **KATHLEEN L. BARDWELL** **V.P. OF TAX** **4/27/04** **330-486-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

34044150  
# F95000002951

**COLE MANAGED VISION**  
**1925 Enterprise Parkway**  
**Twinsburg, Ohio 44087**  
**(330) 486-3000**

**DIRECTORS LISTING**

Larry Pollock  
18100 South Park Boulevard  
Shaker Hts., OH 44120

Director

Leslie D. Dunn  
2849 Glengary Road  
Shaker Heights, OH 44120

Director

Lawrence E. Hyatt  
6562 Hammontree Drive  
Hudson, OH 44236

Director

ATTACHMENT

54049150  
#F95000002951

**COLE MANAGED VISION**  
**1925 Enterprise Parkway**  
**Twinsburg, Ohio 44087**  
**(330) 486-3000**

**OFFICERS LISTING**

Stephen L. Holden  
1761 East Haymarket Way  
Hudson, OH 44236

President

Leslie D. Dunn  
2849 Glengary Road  
Shaker Heights, OH 44120

Sr. Vice President

Joseph Gaglioti  
3071 North Park Blvd  
Cleveland Hts, OH 44118

Vice President, Treasurer & Assistant Secretary

David J. Sherriff  
2417 Allen Blvd  
Beachwood, OH 44122

Secretary and General Counsel

Kathleen L. Bardwell  
403 Cutler Lane  
Hudson, OH 44236

Vice President, Tax