


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2005 90144 014 \*\*\*150.00

<b>DOCUMENT # F95000002951</b> 1. Entity Name <b>COLE MANAGED VISION, INC.</b>			
Principal Place of Business <b>C/O COLE VISION CORPORATION 1925 ENTERPRISE PKWY ATTN: TAX DEPT TWINSBURG, OH 44087 US</b>		Mailing Address <b>C/O COLE VISION CORPORATION 1925 ENTERPRISE PKWY ATTN: TAX DEPT TWINSBURG, OH 44087 US</b>	
2. Principal Place of Business <b>4000 Luxottica PL</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 8509</b> Suite, Apt. #, etc.	
City & State <b>Mason OH</b> Zip <b>45040-8114</b> Country <b>U.S.</b>		City & State <b>Mason OH</b> Zip <b>45040-7114</b> Country <b>U.S.</b>	
4. FEI Number <b>34-1795292</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D POLLOCK, LARRY 18100 SOUTH PARK BLVD. SHAKER HEIGHTS, OH 44120 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SEE ATTACHED</b>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P HOLDEN, STEPHEN L 1761 EAST HAYMARKET W HUDSON, OH 44236 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VTAS GAGLIOTI, JOSEPH 3071 NORTH PARK BLVD CLEVELAND, OH 44118 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SGC SHERRIFF, DAVID T 2417 ALLEN BLVD. BEACHWOOD, OH 44122 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VTAX BARDWELL, KATHLEEN L 403 CUTLER LANE HUDSON, OH 44236 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SRVD DUNN, LESLIE D 2849 GLENGARY ROAD CLEVELAND HEIGHTS, OH 44120 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Valerio Giacobbi</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-29-2005</u> Daytime Phone # <u>513-765-6948</u>	

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

Attachment  
# F9500002951  
20057458

NAME	TITLE	BUSINESS ADDRESS
<b><u>Directors</u></b>		
Valerio Giacobbi	Director	P.O. Box 8509, Mason, OH 45040-7114
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 45040-7114
<b><u>Officers</u></b>		
Valerio Giacobbi	Chief Executive Officer	P.O. Box 8509, Mason, OH 45040-7114
Kerry Bradley	Chief Operating Officer	P.O. Box 8509, Mason, OH 45040-7114
Michael Boxer	Vice President and Secretary	44 Harbor Park Drive, Port Washington, NY 11050
Vito Giannola	Vice President	44 Harbor Park Drive, Port Washington, NY 11050
Jack Dennis	Vice President & Chief Financial Officer	P.O. Box 8509, Mason, OH 45040-7114