2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State
06-20-2001 90009 029 ***150.00

DOCUMENT # F96000004041

1. Entity Name
AMERICAN OPTICAL LENS COMPANY, INC
(A)

C0071572

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1290 Oakmead Parkway, Ste. 230 Sunnyvale, CA 94085	1290 Oakmead Parkway, Ste. 230 Sunnyvale, CA 94085

2. Principal Place of Business	3. Mailing Address
1290 Oakmead Parkway	1290 Oakmead Parkway
Suite, Apt. #, etc.: Ste. 230	Suite, Apt. #, etc.: Ste. 230
City & State: Sunnyvale, CA	City & State: Sunnyvale, CA
Zip: 94085 Country:	Zip: 94085 Country:

4. FEI Number 94-3246217 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HEINE, JOHN E 2420 SAND HILL ROAD, STE 200 MENLO PARK, CA 94025 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEE, STEPHEN J. 2420 SAND HILL ROAD, STE 200 MENLO PARK, CA 94025 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1290 OAKMEAD PARKWAY, SUITE 230 SUNNYVALE, CA 94085
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEIL, STEVEN M 2420 SAND HILL ROAD, STE 200 MENLO PARK, CA 94025 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1290 OAKMEAD PARKWAY, SUITE 230 SUNNYVALE, CA 94085
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COX, JAMES H 2420 SAND HILL ROAD, STE 200 MENLO PARK, CA 94025 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BISHOP, JEREMY 853 CAMINO DEL MAR, SUITE 200 DEL MAR, CA 92014 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TROCKI, SANDRA L. 853 CAMINO DEL MAR, SUITE 200 DEL MAR, CA 92014 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Stephen J. Lee 6/13/01 (408) 735-1982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #