

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002153

1. Entity Name

VISION BENEFITS OF AMERICA, INC.

Principal Place of Business

300 WEYMAN RD
WEYMAN PLAZA, SUITE 400
PITTSBURGH PA 15236

Mailing Address

300 WEYMAN RD
WEYMAN PLAZA, SUITE 400
PITTSBURGH PA 15236

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CORPAMERICA, INC.
1525 S. ANDREWS AVE, SUITE 216
FT LAUDERDALE FL 33316

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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GISSIN, MICHAEL S 300 WEYMAN PLAZA PITTSBURGH PA 15236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHILLIPS, DONALD G 300 WEYMAN PLAZA PITTSBURGH PA 15236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAFFER, DIANNE D 300 WEYMAN PLAZA PITTSBURGH PA 15236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, EDWARD W 300 WEYMAN PLAZA PITTSBURGH PA 15236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, DAVID J MD 300 WEYMAN PLAZA PITTSBURGH PA 15236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAY, BRUCE M OD 300 WEYMAN PLAZA PITTSBURGH PA 15236	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETER G. THEODOROUS, O.D. 300 WEYMAN PLAZA PITTSBURGH, PA 15236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL A. WEISS, ESQ. 58th FLOOR, USX TOWER, 600 GRANT STREET PITTSBURGH, PA 15219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAUDIA J. WENDEL, O.D. 808 BROADWAY McKEES ROCKS, PA 15136	<input type="checkbox"/> Change <input checked="" 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

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: Dianne D. Shaffer Dianne D. Shaffer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 23, 2001 (412) 881-4900

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)