

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90033 044 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-2877974

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORPAMERICA, INC.
 416 S.E. 15 STREET
 FORT LAUDERDALE FL 33316**

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, 2002 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. DELETIONS OF OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **GISSIN, MICHAEL S.**
STREET ADDRESS **300 WEYMAN PLAZA**
CITY-ST-ZIP **PITTSBURGH PA 15236**

TITLE **D** ☐ Change ☒ Addition
NAME **THEODOROUS, PETER G. OD**
STREET ADDRESS **300 WEYMAN PLAZA**
CITY-ST-ZIP **PITTSBURGH, PA 15236**

TITLE **T** ☐ Delete
NAME **PHILLIPS, DONALD G**
STREET ADDRESS **300 WEYMAN PLAZA**
CITY-ST-ZIP **PITTSBURGH PA 15236**

TITLE **D** ☐ Change ☒ Addition
NAME **WEISS, MICHAEL A. ESQ**
STREET ADDRESS **58TH FLOOR, USX TOWER, 600 GRANT STREET**
CITY-ST-ZIP **PITTSBURGH, PA 15219**

TITLE **S** ☐ Delete
NAME **SHAFFER, DIANNE D**
STREET ADDRESS **300 WEYMAN PLAZA**
CITY-ST-ZIP **PITTSBURGH PA 15236**

TITLE **D** ☐ Change ☒ Addition
NAME **WENDEL, CLAUDIA J OD**
STREET ADDRESS **808 BROADWAY**
CITY-ST-ZIP **McKEES ROCKS, PA 15136**

TITLE **D** ☐ Delete
NAME **ROSS, EDWARD W**
STREET ADDRESS **300 WEYMAN PLAZA**
CITY-ST-ZIP **PITTSBURGH PA 15236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **JONES, DAVID J MD**
STREET ADDRESS **300 WEYMAN PLAZA**
CITY-ST-ZIP **PITTSBURGH PA 15236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MAY, BRUCE M OD**
STREET ADDRESS **300 WEYMAN PLAZA**
CITY-ST-ZIP **PITTSBURGH PA 15236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

02/14/02

Date

412 881-4900

Daytime Phone #

CR2E034 (9/01)