

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90291 013 ***150.00

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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**



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2877974

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPAMERICA, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE D
NAME BAUERLE, JAMES F ESQ.
STREET ADDRESS USX BUILDING 58TH FLOOR
CITY-ST-ZIP PITTSBURGH, PA 15219

TITLE D
NAME CARPER, ROBERT M
STREET ADDRESS 300 WEYMAN PLAZA
CITY-ST-ZIP PITTSBURGH, PA 15236

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IN THIS SPACE**

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: Dianne D. Shaffer Dianne D. Shaffer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/04

Date

412 881-4900

Daytime Phone #