

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90220 036 \*\*\*150.00

**14007805**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>23-2877974</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GISSIN, MICHAEL S 300 WEYMAN PLAZA PITTSBURGH, PA 15236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PHILLIPS, DONALD G 300 WEYMAN PLAZA PITTSBURGH, PA 15236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHAFFER, DIANNE D 300 WEYMAN PLAZA PITTSBURGH, PA 15236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSS, EDWARD W 300 WEYMAN PLAZA PITTSBURGH, PA 15236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAUERLE, JAMES F ESQ. USX BUILDING 58TH FLOOR PITTSBURGH, PA 15219
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARPER, ROBERT M 300 WEYMAN PLAZA PITTSBURGH, PA 15236

**DO NOT WRITE  
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

04122105  
Date

412 881-4900  
Daytime Phone #



# ATTACHMENT

14007805  
#F97600602153

## VISION BENEFITS OF AMERICA

### BOARD OF DIRECTORS - 2005

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