

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90725 039 \*\*\*150.00

DOCUMENT # **F99000000926**

1. Entity Name

COORDINATED VISION CARE, INC.

**DO NOT WRITE IN THIS SPACE**

**80054413**

2. Principal Place of Business

4280 Glendale Milford Road

Suite, Apt. #, etc.

3. Mailing Address

9900 Bren Road East

Suite, Apt. #, etc.

Mail Route: MN008-T410

DO NOT WRITE IN THIS SPACE

City & State

Cincinnati, Ohio

City & State

Minnetonka, Minnesota

4. FEI Number

31-1603051

Applied For

Not Applicable

Zip

45242

Country

USA

Zip

55343

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

**FL**

Zip Code

**33324**

**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.

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) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

**PLEASE SEE ATTACHMENT A**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address and all other information empowered.

SIGNATURE:

Timothy F. Ryan, Secretary

3/20/02

952-936-1839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment  
DIFF 9900000526  
80054413

**ATTACHMENT A**

**OFFICERS AND DIRECTORS OF  
COORDINATED VISION CARE, INC.**

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**Officers**

**Name & Title**

**Business Address**

Laurence A. Manchio  
President and CEO

2811 Lord Baltimore Drive  
Baltimore, MD 21244

John W. Kelly  
V.P., Tax Services

9900 Bren Road East  
Minnetonka, MN 55343

Timothy F. Ryan  
Secretary

9900 Bren Road East  
Minnetonka, MN 55343

David J. Lubben  
Assistant Secretary

9900 Bren Road East  
Minnetonka, MN 55343

Patrick T. McMullen  
Treasurer

4280 Glendale Milford Road  
Cincinnati, OH 45242

Allan J. Weiss  
Assistant Treasurer

9900 Bren Road East  
Minnetonka, MN 55343

**Directors**

**Name & Title**

**Business Address**

Ronald B. Colby  
Director

9900 Bren Road East  
Minnetonka, MN 55343

David S. Wichmann  
Director

9900 Bren Road East  
Minnetonka, MN 55343