LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2002 8:00 am Secretary of State

DOCUMENT # L DOODOO888	38	05-12-2002 90610 047 ****50.00
ESSILOR US EMPLOYEE, I	L.C.	
DO NOT WRITE IN THIS S	PAGE	
Principal Place of Business 3. Mailing Address		
2400 118th Ave. No. 2400 118th Suite. Apt. #. etc. Suite. Apt. #, etc.	Ave. No.	DO NOT WRITE IN THIS SPACE
St. PETERSBURG FL ST. PETERSB	1106 A	4. FEI Number Applied For Not Applied For Not Applicable
Zip Country Zip .337110 215A 350110	Country	5. Certificate of Status Desired Status Desired Fee Required
		7. Name and Address of Current Registered Agent
DO NOT WRITE	Name C	CORPORATION SYSTEM
IN THIS SPACE	Street Address	s (P.O. Box Number is Not Acgeptable) SOUTH YINE /SUAND RD
	City PLA	10/19/10/0 FL 333324
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.		DATE
FEE(IS \$50,00		
Make Check Payable to Department of State DUE BY MAY 1		
9. MANAGING MEMBERS/MANAGERS IITLE MANAGER/MEMBER		
NAME ESSILOR OF AMERICA, INX	TITLE NAME	OF THE CONTROL OF THE
STREET ADDRESS 2400 1184 h AVE. NO. CITY-ST-ZIP ST. PETERABURG FL 33716	STREET ADDRESS CITY ST. ZIP	
ITILE ST. FETERSBURG FL 33710	TITLE	
NAME STREET ADDRESS	NAME	
CITY-ST-ZIP	STREET ADDRESS CITY ST. ZIP	
TITLE NAME	TITLE SEE SEE SEE	
STREET ADDRESS	STREET ADDRESS	DO NOT WRITE
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NAME	NAME:	
STREET ADDRESS CITY-ST-ZIP	STREET AODRESS CITY: ST. ZIP	
TITLE	TITLE	
NAME	NAME	
STREET ADDRESS CITY-ST-ZIP	STREET AODRESS CITY-51-ZIP	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.		

GRETCHEN WALSH, ASSISTANT SECRETARY

SIGNATURE: BY:
SIGNATURE AND TYPED OR PRINTED NAME

727-572-0841