


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

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90112 050 \*\*\*150.00

<b>DOCUMENT #</b> <u>M 35245</u> 1. Entity Name <u>REFRACTIVE SOLUTIONS, INC.</u>	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>2800 DISCOVERY DR</u> Suite, Apt. #, etc.		3. Mailing Address <u>2800 DISCOVERY DR.</u> Suite, Apt. #, etc.	
City & State <u>ORLANDO, FL</u>	City & State <u>ORLANDO, FL</u>	4. FEI Number <u>59-2716440</u>	Applied For Not Applicable
Zip <u>32826</u>	Country <u>ORANGE</u>	Zip <u>32826</u>	Country <u>ORANGE</u>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
	7. Name and Address of Current Registered Agent	
	Name <u>CT CORPORATION SYSTEM</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>1200 S. PINE ISLAND ROAD</u>	
City <u>PLANTATION</u>		State <u>FL</u>
Zip Code <u>33324</u>		

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	see attached		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: GARETH E. GLASER 4/4/03 817-551-4060  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

Attachment  
REFRACTIVE SOLUTIONS, INC.  
OFFICERS AND DIRECTORS  
2002

80081261  
M35245

OFFICERS:

<u>Name</u>	<u>Social Security No.</u>	<u>Title</u>	<u>Address</u>
G.E. Glaser	042-42-8088	V.P., U.S. Taxes & Assoc. General Tax Counsel	6201 S. Freeway, Ft. Worth, TX 76134
D.D. Horton	454-08-4028	V.P., Finance, Global Operations	6201 S. Freeway, Ft. Worth, TX 76134
E.E. Whitbeck	226-86-4659	V.P., Assoc. General Counsel/Asst. Secretary	6201 S. Freeway, Ft. Worth, TX 76134
D.A. Bass	463-90-3104	V.P., Treasurer, Global Operations	6201 S. Freeway, Ft. Worth, TX 76134

DIRECTORS

<u>Name</u>	<u>Address</u>
T.R.G. Sear	6201 S. Freeway, Ft. Worth, TX 76134
J. A. Fouse	6201 S. Freeway, Ft. Worth, TX 76134