2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000002274

Entity Name: CC VISION, INC.

FILED May 09, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8140 N. WILEY POST WAY HERNANDO, FL 34442 **Current Mailing Address: New Mailing Address:** 8140 N. WILEY POST WAY HERNANDO, FL 34442 FEI Number: 59-3576738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VONDERHAAR, SHARON 8140 N WILEY POST WAY HERNANDO, FL 34442 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete TROWBRIDGE, MELISSA VONDERHAAR, SHARON Name: Name: 3728 S EASTPARK WAY Address: 8140 N WILEY POST WAY Address: City-St-Zip: HOMOSASSA, FL 34448 City-St-Zip: HERNANDO, FL 34442 Title: () Delete Title: (X) Change () Addition JUERGENSIMEYER, CONRAD Name: VONDERHAAR, CARL Name: Address: 8531 E HAMPTON PT Address: 1169 STATELY OAKS DRIVE City-St-Zip: INVERNESS, FL 34452 City-St-Zip: INVERNESS, FL 34453 Title: () Delete Title: () Change () Addition BARNETT, OTTIS Name: Name: 671 N FITZPATRICK AVE Address: Address: City-St-Zip: INVERNESS, FL 34453 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: BIRD, KATHLEEN Name: VONDERHAAR, MEGAN 2545 S. NOLEN TERRACE 1169 STATELY OAKS DRIVE Address: Address: City-St-Zip: INVERNESS, FL 34452 City-St-Zip: INVERNESS, FL 34451 Title: () Delete Title: () Change () Addition FERRANTE, STEVE Name: Name: 1627 W STAFFORD ST Address: Address: City-St-Zip: HERNANDO, FL 34442 City-St-Zip: Title: () Delete Title: (X) Change () Addition VONDERHAAR, SHARON BIRD, KATHLEEN Name: Name: Address: 8140 N WILEY POST WAY Address: 2524 S PELT TERRACE HERNANDO, FL 34442 INVERNESS, FL 34452 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON VONDERHAAR STD 05/09/2003