

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P09434

(2)

1. Corporation Name  
PEARLE VISION, INC.

Principal Place of Business

2534 ROYAL LANE  
DALLAS TX 75229

Mailing Address

2534 ROYAL LANE  
DALLAS TX 75229-34173. Date Incorporated or Qualified  
03/18/19863a. Date of Last Report  
05/01/19964. FEI Number  
75-1157482Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 5915 Landerbrook Dr

Suite, Apt #, etc

22 #300

City &amp; State

23 Cleveland OH

Zip

24 4424

Country

25

2a. Mailing Address

26 5915 Landerbrook Dr

Suite, Apt #, etc

27 #300

City &amp; State

28 Cleveland OH

Zip

29 4424

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                      |                                            |
|-----------------|----------------------|--------------------------------------------|
| TITLE           | DP                   | <input checked="" type="checkbox"/> DELETE |
| NAME            | HEMMERLE, GLENN E.   |                                            |
| STREET ADDRESS  | 2534 ROYAL LANE      |                                            |
| CITY - ST - ZIP | DALLAS TX            |                                            |
| TITLE           | VPD                  | <input checked="" type="checkbox"/> DELETE |
| NAME            | CROWLEY, DANIEL F.   |                                            |
| STREET ADDRESS  | 2534 ROYAL LANE      |                                            |
| CITY - ST - ZIP | DALLAS TX            |                                            |
| TITLE           | SRVP                 | <input checked="" type="checkbox"/> DELETE |
| NAME            | BOYTON, DENNIS       |                                            |
| STREET ADDRESS  | 2534 ROYAL LANE      |                                            |
| CITY - ST - ZIP | DALLAS TX            |                                            |
| TITLE           | DVP                  | <input checked="" type="checkbox"/> DELETE |
| NAME            | MCANINCH, BARBARA A. |                                            |
| STREET ADDRESS  | 2534 ROYAL LANE      |                                            |
| CITY - ST - ZIP | DALLAS TX            |                                            |
| TITLE           | AT                   | <input checked="" type="checkbox"/> DELETE |
| NAME            | JOHNSON, LESLIE R.   |                                            |
| STREET ADDRESS  | 200 SOUTH SIXTH ST.  |                                            |
| CITY - ST - ZIP | MINNEAPOLIS MN       |                                            |
| TITLE           |                      | <input type="checkbox"/> DELETE            |
| NAME            |                      |                                            |
| STREET ADDRESS  |                      |                                            |
| CITY - ST - ZIP |                      |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                           |                                                                                         |
|---------------------|---------------------------|-----------------------------------------------------------------------------------------|
| 1.1 TITLE           | DP                        | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            | J. David Pierson          |                                                                                         |
| 1.3 STREET ADDRESS  | 5915 Landerbrook Dr #300  |                                                                                         |
| 1.4 CITY - ST - ZIP | Cleveland, OH 44124       |                                                                                         |
| 2.1 TITLE           | D                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            | Brian B. Smith            |                                                                                         |
| 2.3 STREET ADDRESS  | 5915 Landerbrook Dr       |                                                                                         |
| 2.4 CITY - ST - ZIP | Cleveland, OH 44124       |                                                                                         |
| 3.1 TITLE           | VT                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            | Joseph Gaglioti           |                                                                                         |
| 3.3 STREET ADDRESS  | 5915 Landerbrook Dr. #300 |                                                                                         |
| 3.4 CITY - ST - ZIP | Cleveland, OH 44124       |                                                                                         |
| 4.1 TITLE           | VS                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            | David J. Sherriff         |                                                                                         |
| 4.3 STREET ADDRESS  | 5915 Landerbrook Dr. #300 |                                                                                         |
| 4.4 CITY - ST - ZIP | Cleveland, OH 44124       |                                                                                         |
| 5.1 TITLE           | V                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            | Wayne L. Mosley           |                                                                                         |
| 5.3 STREET ADDRESS  | 5915 Landerbrook Dr. #300 |                                                                                         |
| 5.4 CITY - ST - ZIP | Cleveland, OH 44124       |                                                                                         |
| 6.1 TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 6.2 NAME            |                           |                                                                                         |
| 6.3 STREET ADDRESS  |                           |                                                                                         |
| 6.4 CITY - ST - ZIP |                           |                                                                                         |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Wayne L. Mosley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORWAYNE L. MOSLEY  
ASSISTANT TREASURER

Date Daytime Phone #

216 449  
4-10-97 4100

CR2E034 (9/96)