

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91756 028 ***150.00

DOCUMENT # P12164

1. Entity Name

COLE VISION CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ATTN: TAX DEPARTMENT

Suite, Apt. #, etc.

1925 ENTERPRISE PARKWAY

City & State
TWINSBURG, OHIO

Zip
44087

Country
SUMMIT

3. Mailing Address

ATTN: TAX DEPARTMENT

Suite, Apt. #, etc.

1925 ENTERPRISE PARKWAY

City & State
TWINSBURG, OHIO

Zip
44087

Country
SUMMIT

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1532700

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
C T CORPORATION SYSTEM

Street Address (P.O. Box Number Is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

City **PLANTATION** **FL** Zip Code **33324**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	HOLMBERG, DAVID	1718 ROYAL OAK CIRCLE	HUDSON, OHIO 44236				
D	COLE, JEFFREY A.	5200 THREE VILLAGE DRIVE	LYNDHURST, OHIO 44124				
VP	HOLDEN, STEPHEN L.	1761 EAST HAYMARKET WAY	HUDSON, OHIO 44236				
S	SHERRIFF, DAVID J.	2261 HALCYON ROAD	BEACHWOOD, OHIO 44122				
T	GAGLIOTI, JOSEPH	3071 NORTH PARK BLVD	CLEVELAND HEIGHTS, OHIO 44118				

**DO NOT WRITE
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)(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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David J. Sherriff ASST TREAS 4/29/2002 330-486-3000