2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 08:00 AM Secretary of State

CLENDORA, NI 08029 US DO NOT WRITE IN THIS SPACE Outside and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL. 33324 B. The above named system statement for the purpose of charging statement doe or registered agent, or both, in the State of Process, it are burnlar with, and accept the chilipation of the system o	DOCUMENT # P17796 1. Entity Name USV OPTICAL, INC. Principal Place of Business Mailing Address		Secretary of State	
DO NOT WRITE IN THIS SPACE 4. F9! Number 75-1336810	GLEN OAKS INDUSTRIAL PARK PO BOX 187 GLEN OAKS INDUSTRIAL PARK PO BOX 187		Justinen isk han jedni jedni jedna dana bini binik bini binik binik binik binik binik binik binik binik biniken in indik	
DO NOT WRITE IN THIS SPACE 8. The above named gritty 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 obligation of registered agent. SIGNATURE FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$\$50.00 Trust France Orthobition. Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 10. OFFICERS A		CE	04152004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 75-1336810 Not Applicable 5. Certificate of Status Desired \$8.75 Additional	
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12. Thereby 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 suppliemental 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS CITY ST-ZIP INTE NAME STREET ADDRESS CITY ST-ZIP 12. Undereby certify that the information supplied with this filing does not qualify for the exe indicated on this report or supplemental report is true and accurate and that my signal of the Corporation or the receiver or trustee empowered to execute this report as required.	mption stated in Se ture shall have the red by Chapter 607	ection 119,07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath, that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if	

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: