FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:43

DOCUMENT # P21979 (0)

1. Corporation Name
~~A.I.T. INDUSTRIES, INC.~~ DBA ESSILOR TECHNOLOGIES

Principal Place of Business	Mailing Address
1000 REMINGTON ROAD SCHAUMBURG IL 60173	1000 REMINGTON ROAD SCHAUMBURG IL 60173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1988	3a. Date of Last Report: 05/01/1994
4. FEI Number: ~~04-2840295~~ 59-3295227	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~PATRY, CLEMENT~~ G. WARREN SMITH
~~9514 NW 24TH CT~~ 2400 118th AVENUE NORTH
~~CORAL SPRINGS FL 33065~~ ST. PETERSBURG, FL

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: G. Warren Smith 6-1-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P~~ VICE PRESIDENT	11 TITLE	☒ Change ☐ Addition
NAME	PATRY, CLEMENT	12 NAME	
STREET ADDRESS	~~9514 N.W. 24TH CT.~~ 640 RED MAPLE LN	13 STREET ADDRESS	
CITY-ST-ZIP	~~CORAL SPRINGS FL~~ ROSELLE, IL 60172	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	D'ORVAL, CYRIL	22 NAME	
STREET ADDRESS	1 THOMAS EDISON	23 STREET ADDRESS	
CITY-ST-ZIP	CRETEIL-ECHAT,FRANCE	24 CITY-ST-ZIP	
TITLE	~~D~~ A	31 TITLE	ASST. SEC. ☒ Change ☐ Addition
NAME	~~CLAUDE JEAN, MAS~~	32 NAME	MIKE O'KEEFE
STREET ADDRESS	~~1 THOMAS EDISON~~	33 STREET ADDRESS	2400 118TH AVENUE NORTH
CITY-ST-ZIP	~~CRETEIL-ECHAT,FRANCE~~	34 CITY-ST-ZIP	ST. PETERSBURG, FL.
TITLE	D	41 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	~~STOERR, JACQUES~~	42 NAME	WARREN SMITH
STREET ADDRESS	~~2400 118TH AVENUE NORTH~~	43 STREET ADDRESS	2400 118TH AVENUE NORTH
CITY-ST-ZIP	~~ST. PETERSBURG FL~~	44 CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	~~PIERRE, ALAIN~~	52 NAME	
STREET ADDRESS	~~1 THOMAS EDISON~~	53 STREET ADDRESS	
CITY-ST-ZIP	~~CRETEIL-ECHAT-FR~~	54 CITY-ST-ZIP	RECEIVED BY MAIL
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Patry C CLEMENT PATRY 4/27/95 708-884-8700
SIGNATURE AND TYPED OR PRINTED NAME OF D/R OFFICER OR DIRECTOR — Date — Daytime Phone #

0406490 FP