

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37436

FILED  
Apr 05, 2010  
Secretary of State

**Entity Name:** LUXOTTICA RETAIL NORTH AMERICA INC.

**Current Principal Place of Business:**

4000 LUXOTTICA PL, ATTN: TAX DEPT  
MASON, OH 450408114 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8509, ATTN: TAX DEPT  
MASON, OH 450407114 US

**New Mailing Address:**

**FEI Number:** 31-1339854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE - SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** BRADLEY, KERRY  
**Address:** 4000 LUXOTTICA PL  
**City-St-Zip:** MASON, OH 450408114

**Title:** SRVP  
**Name:** NEITZKE, JAMES  
**Address:** 4000 LUXOTTICA PL  
**City-St-Zip:** MASON, OH 45040

**Title:** DSEC  
**Name:** BOXER, MICHAEL  
**Address:** 44 HARBOR PARK DR.  
**City-St-Zip:** PORT WASHINGTON, NY 11050

**Title:** VPTR  
**Name:** GIANNOLA, VITO  
**Address:** 44 HARBOR PARK DR.  
**City-St-Zip:** PORT WASHINGTON, NY 11050

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** KERRY BRADLEY

PRES

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date