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Jan 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P40440** **(0)**

1. Corporation Name
UNITED VISION SALES INC.

Principal Place of Business	Mailing Address
34 STATE ST **OSSINGING NY 10562** **US**	**34 STATE ST** **OSSINING NY 10562-4610** **US**

3. Date Incorporated or Qualified: **09/04/1992**
3a. Date of Last Report: **05/21/1996**

2. Principal Place of Business
21 34 State Street
Suite, Apt. #, etc.
22 Ossining
City & State
23 NY
Zip 24 10562 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **22-3185946** ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TERUAKI, NAKAI		1.2 NAME		
STREET ADDRESS	34 STATE ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	OSSINING NY		1.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HESSELL, JOHN		2.2 NAME		
STREET ADDRESS	34 STATE ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	OSSINING NY		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SANO, MARK		3.2 NAME		
STREET ADDRESS	34 STATE ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	OSSINING NY		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TRABING, KENT		4.2 NAME		
STREET ADDRESS	34 STATE ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	OSSINING NY		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MACMURDIE, KEITH		5.2 NAME		
STREET ADDRESS	34 STATE ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	OSSINING NY		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [signature] REQUIRED 1/24/97 914-923-0743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone