## 2008 FOR PROFIT CORPORATION

## Mar 03, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P94000007212** 03-03-2008 90211 044 \*\*\*150.00 1. Entity Name VISIÓNWORKS HOLDINGS, INC. Principal Place of Business Mailing Address % EYE CARE CENTERS, ACCT PA 11103 WEST AVE 11103 WEST AVE SAN ANTONIO, TX 78213 US SAN ANTONIO, TX 78213 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 59-3226333 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAPITOL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301 Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEO TITLE TITLE Delete ☐ Change ☐ Addition MCCOMAS, DAVID E NAME NAME 11103 WEST AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAN ANTONIO, TX 78213 CITY-ST-ZIP SEC TITLE Delete TITLE ☐ Change ☐ Addition SHEPARD, DOUG NAME NAME STREET ADDRESS 11103 WEST AVE STREET ADDRESS CITY-ST-ZIP SAN ANTONIO, TX 78213 CITY-ST-ZIP TITLE ASEC ☐ Delete TITLE SEC, TREAS, VP Change ☐ Addition KELLEY, JENNIFER NAME NAME STREET ADDRESS 11103 WEST AVE STREET ADDRESS CITY-ST-ZIP SAN ANTONIO, TX 78213 CITY-ST-ZIP TITLE **PRES** ☐ Delete TITLE Change ☐ Addition DENNY, JAMES J NAME NAME STREET ADDRESS 1103 WEST AVENUE STREET ADDRESS CITY-ST-ZIP SAN ANTONIO, TX 78213 CITY-ST-ZIP TOTAL Delete TITI F Change Addition TODO BOLTON NAME NAME 11103 WEST AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO, TX 78213 CEO TITLE ☐ Delete ☐ Change Addition DAVID HOLMBERG NAME NAME 11103 WEST AVE STREET ADDRESS STREET ADDRESS 78213 SAN ANTONIO, TX City-St-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OF

FILED