
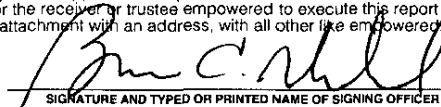


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90246 001 ***450.00

DOCUMENT # P96000042730 1. Entity Name SUNGLASS HUT INTERNATIONAL, INC.					
Principal Place of Business 4000 LUXOTTICA PLACE MASON, OH 45040			Mailing Address 4000 LUXOTTICA PLACE MASON, OH 45040		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0667471	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL VECCHIO, LEONARDO 44 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL VECCHIO, CLAUDIO 44 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP CHEMELLO, ROBERTO 44 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO BRADLEY, KERRY 4000 LUXOTTICA PLACE MASON, OH 45040 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIACOBBI, VALERIO 4000 LUXOTTICA PLACE MASON, OH 45040 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIABANE, ANDREA 4000 LUXOTTICA PLACE MASON, OH 45040 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 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: 			Date: 4/30/04 Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

A Attachment 00418705
P96000042730

**SUNGLASS HUT INTERNATIONAL, INC.
OFFICERS & DIRECTORS
AS OF APRIL 2004**

NAME & TITLE	SOCIAL SEC. NO.	BUSINESS ADDRESS
DEL VECCHIO, LEONARDO DIRECTOR	N/A	44 HARBOR PARK DRIVE PORT WASHINGTON, NEW YORK 11050
DEL VECCHIO, CLAUDIO DIRECTOR	N/A	44 HARBOR PARK DRIVE PORT WASHINGTON, NEW YORK 11050
CHEMELLO, ROBERTO DIRECTOR / EXECUTIVE VICE PRESIDENT	N/A	44 HARBOR PARK DRIVE PORT WASHINGTON, NEW YORK 11050
KERRY BRADLEY CHIEF OPERATING OFFICER	412-02-0993	4000 LUXOTTICA PLACE MASON, OHIO 45040
GIACOBBI, VALERIO VICE PRESIDENT	N/A	4000 LUXOTTICA PLACE MASON, OHIO 45040
FIABANE, ANDREA VICE PRESIDENT	N/A	4000 LUXOTTICA PLACE MASON, OHIO 45040
DENNIS, JACK S. VICE PRESIDENT / CFO	400-62-4708	4000 LUXOTTICA PLACE MASON, OHIO 45040
BENTON, STEVE VICE PRESIDENT - REAL ESTATE	420-74-3717	4000 LUXOTTICA PLACE MASON, OHIO 45040
GIANNOLA, VITO VICE PRESIDENT - TREASURER	052-54-4263	44 HARBOR PARK DRIVE PORT WASHINGTON, NEW YORK 11050
MICHAEL A. BOXER VICE PRESIDENT - REAL ESTATE	082-60-9888	44 HARBOR PARK DRIVE PORT WASHINGTON, NEW YORK 11050
GRIFFITHS, WILLIAM ASSISTANT SECRETARY	291-44-4519	4000 LUXOTTICA PLACE MASON, OHIO 45040
CURTIS, MILDRED A. ASSISTANT SECRETARY	301-58-2798	4000 LUXOTTICA PLACE MASON, OHIO 45040
GRENER, DARWIN ASSISTANT CONTROLLER	291-52-0929	4000 LUXOTTICA PLACE MASON, OHIO 45040
MICHEL, BRIAN ASSISTANT CONTROLLER	286-62-8100	4000 LUXOTTICA PLACE MASON, OHIO 45040
DI GIANDOMENICO, LIZ ASSISTANT CONTROLLER	287-72-4951	4000 LUXOTTICA PLACE MASON, OHIO 45040