

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003370

**Entity Name:** QUALITY VISION SERVICES INC

**Current Principal Place of Business:**

1175 NORTH STREET  
ROCHESTER, NY 14621

**Current Mailing Address:**

1175 NORTH STREET  
ROCHESTER, NY 14621 US

**FEI Number:** 16-1560026

**Certificate of Status Desired:** Yes

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title            CEO  
Name            POLIDOR, KEITH E  
Address        1175 NORTH STREET  
City-State-Zip: ROCHESTER NY 14621

Title            CFO  
Name            FRANCATI, DAVID CFO  
Address        1175 NORTH STREET  
City-State-Zip: ROCHESTER NY 14621

Title            DIRECTOR  
Name            HO, KELLY  
Address        1175 NORTH STREET  
City-State-Zip: ROCHESTER NY 14621

Title            DIRECTOR  
Name            FLYNN, R. STEPHEN  
Address        1175 NORTH STREET  
City-State-Zip: ROCHESTER NY 14621

Title            DIRECTOR  
Name            GLOWACKY, MARK  
Address        1175 NORTH STREET  
City-State-Zip: ROCHESTER NY 14621

Title            DIRECTOR  
Name            LENZ, KARL J  
Address        1175 NORTH STREET  
City-State-Zip: ROCHESTER NY 14621

Title            DIRECTOR  
Name            ABBAS, DAN  
Address        1175 NORTH STREET  
City-State-Zip: ROCHESTER NY 14621

Title            DIRECTOR  
Name            FANTAUZZO, TIMOTHY  
Address        1175 NORTH STREET  
City-State-Zip: ROCHESTER NY 14621

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*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:** DAVID FRANCATI

**CFO**

**02/22/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SCHEIDT, ROBERT  
Address 1175 NORTH STREET  
City-State-Zip: ROCHESTER NY 14621

Title DIRECTOR  
Name GROFF, THOMAS  
Address 1175 NORTH STREET  
City-State-Zip: ROCHESTER NY 14621

Title DIRECTOR  
Name GERSTENBERGER, JULIE  
Address 1175 NORTH STREET  
City-State-Zip: ROCHESTER NY 14621

Title DIRECTOR  
Name FINN, COLBY  
Address 1175 NORTH STREET  
City-State-Zip: ROCHESTER NY 14621