

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003370

**FILED**  
**Jun 13, 2019**  
**Secretary of State**  
**5176081606CC**

**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, EDWARD T  
Address        1175 NORTH STREET  
City-State-Zip: ROCHESTER NY 14621

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

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

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

Title            DIRECTOR  
Name            MORIARTY, TIM  
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

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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 E FRANCATI

**CFO**

**06/13/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

Title P  
Name SCHEIDT, ROBERT  
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 SECRETARY  
Name POLIDOR, KEITH  
Address 1175 NORTH STREET  
City-State-Zip: ROCHESTER NY 14621