

1.) CORPORATION NAME:

**THE NATIONAL CONTACT LENS EXAMINERS**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.  
AUTH IN VI  
C T CORPORATION SYSTEM  
4701 COX ROAD  
SUITE 301**

**RICHMOND, VA 23228**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**FAIRFAX CITY (FILED IN FAIRFAX COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:  
**DC**

DUE DATE: **5/31/2011**

SCC ID NO: **F0481202**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6506 LOISDALE ROAD SUITE 209

CITY/ST/ZIP: SPRINGFIELD, VA 22150-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN DEERING		
TITLE: CHAIRMAN		
ADDRESS: 888 MAIN STREET		
CITY/ST/ZIP/CO: WINCHESTER, MA 01890-		
	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOSEPH S. THOMA		
TITLE: SECRETARY		
ADDRESS: 2130 OSTERFIELD		
CITY/ST/ZIP/CO: CINCINNATI, OH 45214-		
	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK CLOER		
TITLE: VICE CHAIRMAN		
ADDRESS: UNIVERSITY PHYSICIANS OPHTHALMOLOGY		
2500 W. STATE STREET, B-326		
CITY/ST/ZIP/CO: JACKSON, MS 39216-		
	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PHYLLIS RAKOW		
TITLE: DIRECTOR		
ADDRESS: 73 YORKTOWN ROAD		
CITY/ST/ZIP/CO: EAST BRUNSWICK, NJ 08816-		
	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LARRY HARPER		
TITLE: DIRECTOR		
ADDRESS: 534 WEST 2ND AVENUE		
CITY/ST/ZIP/CO: ANCHORAGE, AK 99501-		

NAME: GRANVILLE SMITH TITLE: DIRECTOR ADDRESS: 3318 CHICKADEE ROAD CITY/ST/ZIP/CO: LOUISVILLE, KY 40213-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: VICKY PORTIS TITLE: DIRECTOR ADDRESS: 7307 CARRIAGE HILLE CITY/ST/ZIP/CO: ROANOKE, VA 24018-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BOB REYNOLDS TITLE: DIRECTOR ADDRESS: 783 DREWRY STREET CITY/ST/ZIP/CO: ATLANTA, GA 30306-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KEITH HARRISON TITLE: DIRECTOR ADDRESS: 326 WARREN CITY/ST/ZIP/CO: TORONTO, -, CANADA	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES MICHAEL MORRIS TITLE: Legal Counsel ADDRESS: 217 NORTH UPPER STREET CITY/ST/ZIP/CO: LEXINGTON, VA -	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ JAMES MICHAEL MORRIS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES MICHAEL MORRIS, Legal Counsel _____ PRINTED NAME AND CORPORATE TITLE
5/27/2011 _____ DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	