

1.) CORPORATION NAME:

THE NATIONAL CONTACT LENS EXAMINERS

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX ROAD
SUITE 301**

SCC ID NO: **F0481202**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA 23228

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX CITY (FILED IN FAIRFAX COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

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.

NAME:	MARK CLOER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	UNIVERSITY PHYSICIANS OPHTHALMOLOGY 2500 W. STATE STREET, B-326		
CITY/ST/ZIP/CO:	JACKSON, MS 39216		
NAME:	JAMES MICHAEL MORRIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	General Counsel		
ADDRESS:	6506 Loisdale Road Suite 209		
CITY/ST/ZIP/CO:	Springfield, VA 22150		
NAME:	LARRY HARPER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	534 WEST 2ND AVENUE		
CITY/ST/ZIP/CO:	ANCHORAGE, AK 99501		
NAME:	VICKY PORTIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7307 CARRIAGE HILLE		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		
NAME:	PHYLLIS RAKOW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	73 YORKTOWN ROAD		
CITY/ST/ZIP/CO:	EAST BRUNSWICK, NJ 08816		
NAME:	BOB REYNOLDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	783 DREWRY STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30306		

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: Bruce Springer TITLE: DIRECTOR ADDRESS: 4917 Brownsboro Road CITY/ST/ZIP/CO: Louisville, KY 40222	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Terri Klein TITLE: DIRECTOR ADDRESS: 15314 Cottonwood Street, NW CITY/ST/ZIP/CO: Andover, MD 55304	<input type="checkbox"/> OFFICER <input checked="" 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, General Counsel PRINTED NAME AND CORPORATE TITLE	4/2/2012 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.		