

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214506404

1.) CORPORATION NAME:

THE AMERICAN OPTOMETRIC ASSOCIATION

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0500209**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 243 N. LINDBERGH BLVD, FLOOR 1

CITY/ST/ZIP: ST. LOUIS, MO 63141

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:	RONALD L HOPPING, O.D., M.P.H., F.A.A.O	
TITLE:	IMMED PAST PRES	
ADDRESS:	HOPPING EYE ASSOCIATES LTD., LLP 1234 BAY AREA BLVD., STE. E HOUSTON, TX 77058	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MITCHELL T. MUNSON, O.D., F.A.A.O.	
TITLE:	PRESIDENT	
ADDRESS:	8925 RIDGELINE BLVD., STE. 107 HIGHLANDS RANCH, CO 80129-2052	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID A. COCKRELL, O.D., F.A.A.O.	
TITLE:	PRESIDENT ELECT	
ADDRESS:	P.O. BOX 2017 STILLWATER, OK 74076-2017	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEVEN A. LOOMIS, O.D.	
TITLE:	VICE PRESIDENT	
ADDRESS:	7761 SHAFFER PARKWAY STE 200 LITTLETON, CO 80127	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TIM NEYER	
TITLE:	CFO	
ADDRESS:	243 N. LINDBERGH BLVD., FLOOR 1 ST. LOUIS, MO 63141	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ANDREA P. THAU, O.D., F.A.A.O.	
TITLE:	SEC / TREAS	
ADDRESS:	145 E 84TH ST, APT 11A NEW YORK, NY 10028	
CITY/ST/ZIP/CO:		

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/ TIM NEYER	TIM NEYER, CFO	1/30/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.		