

1.) CORPORATION NAME: DUE DATE: **10/31/2013**

National Vision, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SCC ID NO: **F1068446**
CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	600,000

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:
GA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 296 GRAYSON HIGHWAY

CITY/ST/ZIP: LAWRENCEVILLE, GA 30046-5750

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: L. READE FAHS TITLE: CEO ADDRESS: 296 GRAYSON HIGHWAY CITY/ST/ZIP/CO: LAWRENCEVILLE, GA 30046-5750	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: PAUL A CRISCILLIS JR TITLE: CFO ADDRESS: 296 GRAYSON HIGHWAY CITY/ST/ZIP/CO: LAWRENCEVILLE, GA 30046-5750	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: KENT TURNER TITLE: TREASURER ADDRESS: 296 GRAYSON HIGHWAY CITY/ST/ZIP/CO: LAWRENCEVILLE, GA 30046-5750	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: MITCHELL GOODMAN TITLE: SECRETARY ADDRESS: 296 GRAYSON HIGHWAY CITY/ST/ZIP/CO: LAWRENCEVILLE, GA 30046-5750	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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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/ MITCHELL GOODMAN	MITCHELL GOODMAN, SECRETARY	9/19/2013
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.