

SCC eFile

**2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

212525923

1.) CORPORATION NAME:

**COLE VISION SERVICES, INC.**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F1149014**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 1,000      |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4000 LUXOTTICA PLACE  
ATTN TAX DEPT

CITY/ST/ZIP: MASON, OH 45040

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:           | LIZ DIGIANDOMENICO | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT          |                                             |                                   |
| ADDRESS:        | 4089 MAXWELL DRIVE |                                             |                                   |
| CITY/ST/ZIP/CO: | MASON, OH 45040    |                                             |                                   |

|                 |                           |                                             |                                              |
|-----------------|---------------------------|---------------------------------------------|----------------------------------------------|
| NAME:           | MICHAEL BOXER             | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VP/SECRETARY              |                                             |                                              |
| ADDRESS:        | 44 HARBOR PARK PLACE      |                                             |                                              |
| CITY/ST/ZIP/CO: | PORT WASHINGTON, NY 11050 |                                             |                                              |

|                 |                           |                                             |                                   |
|-----------------|---------------------------|---------------------------------------------|-----------------------------------|
| NAME:           | VITO GIANNOLA             | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | VP/TREASURER              |                                             |                                   |
| ADDRESS:        | 44 HARBOR PARK PL         |                                             |                                   |
| CITY/ST/ZIP/CO: | PORT WASHINGTON, NY 11050 |                                             |                                   |

|                 |                      |                                             |                                              |
|-----------------|----------------------|---------------------------------------------|----------------------------------------------|
| NAME:           | KERRY BRADLEY        | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR             |                                             |                                              |
| ADDRESS:        | 4000 LUXOTTICA PLACE |                                             |                                              |
| CITY/ST/ZIP/CO: | MASON, OH 45040      |                                             |                                              |

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/ LIZ DIGIANDOMENICO                              | LIZ DIGIANDOMENICO,                           | 7/12/2012 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRESIDENT<br>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.