

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213504859

1.) CORPORATION NAME:

BLOCK VISION, INC.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1542861**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NJ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 939 ELKRIDGE LANDING ROAD
SUITE 200

CITY/ST/ZIP: LINTHICUM, MD 21090

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:	ANDREW ALCORN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	325 COLUMBIA TPK STE 303 FLORHAM PARK, NJ 07932		
CITY/ST/ZIP/CO:			

NAME:	ADRIENNE BENNETT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	939 ELKRIDGE LANDING ROAD SUITE 200 LINTHICUM, MD 21090		
CITY/ST/ZIP/CO:			

NAME:	VICKIE KELLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST T/ASST SEC		
ADDRESS:	939 ELKRIDGE LANDING ROAD SUITE 200 LINTHICUM, MD 21090		
CITY/ST/ZIP/CO:			

NAME:	AUDREY WEINSTEIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/SEC		
ADDRESS:	7700 CONGRESS AVENUE STE 3108 BOCA RATON, FL 33487		
CITY/ST/ZIP/CO:			

NAME:	KENNETH ARNDT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/T/CFO		
ADDRESS:	939 ELKRIDGE LANDING ROAD SUITE 200 LINTHICUM, MD 21090		
CITY/ST/ZIP/CO:			

NAME: HOWARD LEVIN, OD TITLE: SVP/CLINICAL DIR ADDRESS: 939 ELKRIDGE LANDING ROAD SUITE 200 CITY/ST/ZIP/CO: LINTHICUM, MD 21090	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: STEPHANIE LUCAS TITLE: SVP ADDRESS: 325 COLUMBIA TPKE STE 303 CITY/ST/ZIP/CO: FLORHAM PARK, NJ 07932	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Mark Dalton TITLE: VP of Med Ops ADDRESS: 3033 N 44th St Ste 270 CITY/ST/ZIP/CO: Phoenix, AZ 85018	<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/ AUDREY WEINSTEIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	AUDREY WEINSTEIN, SVP/SEC PRINTED NAME AND CORPORATE TITLE	1/30/2013 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.		