

1.) CORPORATION NAME:

Davis Vision, Inc.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1556325**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 175 E. Houston Street

CITY/ST/ZIP: San Antonio, TX 78205

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:	MICHAEL J KINCAID	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	EYE CARE CENTERS OF AMERICA		
CITY/ST/ZIP/CO:	11103 WEST AVE SAN ANTONIO, TX 78213		
NAME:	EDWARD A BITTNER JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	HIGHMARK INC, 120 FIFTH AVE STE 2180		
CITY/ST/ZIP/CO:	PITTSBURGH, PA 15222		
NAME:	NANETTE P DETURK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	HIGHMARK INC		
CITY/ST/ZIP/CO:	120 FIFTH AVENUE PITTSBURGH, PA 15222		
NAME:	David Lynn Holmberg	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	175 E. Houston Street		
CITY/ST/ZIP/CO:	San Antonio, TX 78205		
NAME:	Christopher Scott Hamey	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Division CFO		
ADDRESS:	175 E. Houston Street		
CITY/ST/ZIP/CO:	San Antonio, TX 78205		
NAME:	John Brian Bitzer	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	175 E. Houston Street		
CITY/ST/ZIP/CO:	San Antonio, TX 78205		

NAME: Michael Lee Thibdeau TITLE: COO ADDRESS: 175 E. Houston Street CITY/ST/ZIP/CO: San Antonio, VA 78205	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: David Arthur Blandino, M.D. TITLE: DIRECTOR ADDRESS: 3149 Ellers Street CITY/ST/ZIP/CO: Pittsburgh, PA 15232	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: John Robert Baum, Ph.D TITLE: DIRECTOR ADDRESS: 174 Springhouse Lane CITY/ST/ZIP/CO: Spring Grove, PA 17362	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: William Crothers Springer TITLE: DIRECTOR ADDRESS: 120 Fifth Avenue CITY/ST/ZIP/CO: Pittsburgh, VA 15222	<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/ Christopher ScottHamey SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Christopher ScottHamey, PRINTED NAME AND CORPORATE TITLE	7/5/2012 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.		