

1.) CORPORATION NAME:

**FGX International Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
11 S 12TH ST  
PO BOX 1463**

**RICHMOND, VA 23218**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

DUE DATE: **3/31/2011**

SCC ID NO: **F1700113**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 GEORGE WASHINGTON HIGHWAY

CITY/ST/ZIP: SMITHFIELD, RI 02917-

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.

<p>NAME: MARK WILLIAMS TITLE: VP/CORP CONT ADDRESS: 500 GEO WASHINGTON HWY CITY/ST/ZIP/CO: SMITHFIELD, RI 02917-</p>	<p><input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR</p>
<p>NAME: ANTHONY DI PAOLA TITLE: EVP/CFO/T ADDRESS: 500 GEORGE WASHINGTON HIGHWAY CITY/ST/ZIP/CO: SMITHFIELD, RI 02917-</p>	<p><input checked="" type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR</p>
<p>NAME: ALEC TAYLOR TITLE: CEO ADDRESS: 500 GEORGE WASHINGTON HIGHWAY CITY/ST/ZIP/CO: SMITHFIELD, RI 02917-</p>	<p><input checked="" type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR</p>
<p>NAME: JOHN FLYNN TITLE: PRESIDENT ADDRESS: 500 GEORGE WASHINGTON HIGHWAY CITY/ST/ZIP/CO: SMITHFIELD, RI 02917-</p>	<p><input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR</p>
<p>NAME: STEVE CRELLIN TITLE: VICE PRESIDENT ADDRESS: 500 GEO WASHINGTON HWY CITY/ST/ZIP/CO: SMITHFIELD, RI 02917-</p>	<p><input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR</p>

NAME: GERALD KITCHEN TITLE: VICE PRESIDENT ADDRESS: 500 GEO WASHINGTON HWY CITY/ST/ZIP/CO: SMITHFIELD, RI 02917-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TOM FERNANDES TITLE: VICE PRESIDENT ADDRESS: 500 GEO WASHINGTON HWY CITY/ST/ZIP/CO: SMITHFIELD, RI 02917-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: RICK CHRISTY TITLE: VICE PRESIDENT ADDRESS: 500 GEO WASHINGTON HWY CITY/ST/ZIP/CO: SMITHFIELD, RI 02917-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ROBERT GROW TITLE: VICE PRESIDENT ADDRESS: 500 GEO WASHINGTON HWY CITY/ST/ZIP/CO: SMITHFIELD, RI 02917-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KEVIN RUPP TITLE: DIRECTOR ADDRESS: 500 GEO WASHINGTON HWY CITY/ST/ZIP/CO: SMITHFIELD, RI 02917-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ERIC THOREUX TITLE: DIRECTOR ADDRESS: 500 GEO WASHINGTON HWY CITY/ST/ZIP/CO: SMITHFIELD, RI 02917-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JEFFREY J GIGUERE TITLE: EVP/SEC/GC ADDRESS: 500 GEORGE WASHINGTON HWY CITY/ST/ZIP/CO: SMITHFIELD, RI 02917-	<input checked="" 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/ MARK WILLIAMS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARK WILLIAMS, VP/CORP CONT _____ PRINTED NAME AND CORPORATE TITLE
2/21/2011 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.	