

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212550198

1.) CORPORATION NAME:

DUE DATE: 12/31/2012

**OneSight**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: F1811407

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

5.) STOCK INFORMATION

CLASS  AUTHORIZED

**GLEN ALLEN, VA 23060-6802**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4000 LUXOTTICA PLACE

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: ELIZABETH WOOD  OFFICER  DIRECTOR  
TITLE: PRESIDENT  
ADDRESS: 4000 LUXOTTICA PLACE  
CITY/ST/ZIP/CO: MASON, OH 45040

NAME: BRIAN HAIGIS  OFFICER  DIRECTOR  
TITLE: TREA  
ADDRESS: 4000 LUXOTTICA PLACE  
CITY/ST/ZIP/CO: MSON, OH 45040

NAME: THOMAS J HERSCH  OFFICER  DIRECTOR  
TITLE: SECRETARY  
ADDRESS: 4000 LUXOTTICA PLACE  
CITY/ST/ZIP/CO: MASON, OH 45040

NAME: Jason Singh  OFFICER  DIRECTOR  
TITLE: Exec Director  
ADDRESS: 4000 Luxottica Place  
CITY/ST/ZIP/CO: Mason, OH 45040

NAME: Angela Hartman  OFFICER  DIRECTOR  
TITLE: ASST TREASURER  
ADDRESS: 4000 Luxottica Place  
CITY/ST/ZIP/CO: Mason, OH 45040

NAME: Stefania Geraci  OFFICER  DIRECTOR  
TITLE: ASST SECRETARY  
ADDRESS: 59 Driftwood Drive  
CITY/ST/ZIP/CO: Port Washington, NY 11050

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mark Jacquot, O.D. DIRECTOR 3N975 Emily Dickenson Lane St. Charles, IL 60175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James S Neitzke DIRECTOR 4000 Luxottica Place Mason, OH 45040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Wallace Lovejoy DIRECTOR 4000 Luxottica Place Mason, OH 45040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jacqueline Culp DIRECTOR 201 Northampton Drive Oswego, IL 60543	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Carlo Privatera DIRECTOR 4000 Luxottica Place Mason, OH 45040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mark Weikel DIRECTOR 4000 Luxottica Place Mason, OH 45040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Daryl Hammet DIRECTOR 4000 Luxottica Place Mason, OH 45040	<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/ ELIZABETH WOOD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ELIZABETH WOOD, PRESIDENT PRINTED NAME AND CORPORATE TITLE	12/28/2012 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.			