

1.) CORPORATION NAME:

DUE DATE: **12/31/2013**

OneSight

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1811407**

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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 TITLE: PRESIDENT ADDRESS: 4000 LUXOTTICA PLACE CITY/ST/ZIP/CO: MASON, OH 45040	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN HAIGIS TITLE: TREA ADDRESS: 4000 LUXOTTICA PLACE CITY/ST/ZIP/CO: MSON, OH 45040	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JASON SINGH TITLE: EXEC DIRECTOR ADDRESS: 4000 LUXOTTICA PLACE CITY/ST/ZIP/CO: MASON, OH 45040	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEFANIA GERACI TITLE: ASST SECRETARY ADDRESS: 59 DRIFTWOOD DRIVE CITY/ST/ZIP/CO: PORT WASHINGTON, NY 11050	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: THOMAS J HERSCH TITLE: SECRETARY ADDRESS: 4000 LUXOTTICA PLACE CITY/ST/ZIP/CO: MASON, OH 45040	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CARLO PRIVATERA TITLE: DIRECTOR ADDRESS: 4000 LUXOTTICA PLACE CITY/ST/ZIP/CO: MASON, OH 45040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	MARK WEIKEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4000 LUXOTTICA PLACE		
CITY/ST/ZIP/CO:	MASON, OH 45040		
NAME:	ANDREA DORIGO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12 HARBOR PARK DRIVE		
CITY/ST/ZIP/CO:	PORT WASHINGTON, NY 11050		
NAME:	COLIN BADEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 ICON		
CITY/ST/ZIP/CO:	FOOTHILL RANCH, CA 92610		
NAME:	JANET DULIGA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4000 LUXOTTICA PLACE		
CITY/ST/ZIP/CO:	MASON, OH 45040		
NAME:	CLIFFORD SCOTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	424 BEACON STREET		
CITY/ST/ZIP/CO:	BOSTON, MA 02115		
NAME:	RICHARD GRADONE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 EAST FIFTH STREET		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		
NAME:	LUKAS RUECKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4000 LUXOTTICA PLACE		
CITY/ST/ZIP/CO:	MASON, OH 45040		
NAME:	MEGAN MOLONY	<input 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/ BRIAN HAIGIS	BRIAN HAIGIS, TREA	12/27/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.