No. C 172456		Due no later than Apr 30, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. DAVIS VISION, INC. KERI SULLIVAN 175 E. HOUSTON STREET		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA 3. New Registered Agent Signature:*			
4. Corporations: Enter N	ames and Busin	ess Addresses of Preside	ent, Secretary, and Directors. Treasurer (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	WILLIAM C	SPRINGER	7718 ANCIENT INDIAN DRIVE	TUCSON	ΑZ	USA	85718-8695
DIRECTOR	DAVID L HC	DLMBERG	EYE CARE CENTERS OF AMERICA 11103 WEST AVENUE HIGHMARK INC. 120 FIFTH AVENUE SHADYSIDE HOSPITAL 5230 CENTRE AVENUE	SAN ANTONIO	TX	USA	78213-8695
DIRECTOR	NANETTE P	DETURK		PITTSBURGH	PA	USA	15222-8695
DIRECTOR	DAVID A BL	ANDINO		PITTSBURGH	PA	USA	15232-8695
SECRETARY	EDWARD A	BITTNER	HIGHMARK INC. 120 FIFTH AVENUE, STE. 2180	PITTSBURGH	PA	USA	15222-9004
PRESIDENT	DAVID L HC	OLBERG	175 E. HOUSTON STREET	SAN ANTONIO	TX	USA	78205
TREASURER	MICHAEL J		175 E. HOUSTON STREET	SAN ANTONIO	TX	USA	78205
DIRECTOR	JOHN R BAL	JM	174 SPRINGHOUSE LANE	SPRING GROVE	PA	USA	17362-8695
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
NY		Signature: Keri Sullivan		Date: 04/06/2012			
C 172456		Name (type or print)	Title: Compliance Specialist				
Processed 04/06/2012		* Electronically provided	d signatures are accepted as original sign	atures.			