

No. W 4720	Due no later than Sep 30, 2005 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. VISTA EYECARE NETWORK, LLC LEGAL C MINGLE 296 GRAYSON HWY LAWRENCEVILLE GA 30045 5750	CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 0000				
		3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	NATIONAL VISION, INC.	296 GRAYSON HWY. ATTN: LEGAL	LAWRENCEVILLE	GA	USA	30045
5. Organized Under the Laws of: DELAWARE W 4720	6. Annual Report must be signed.* Signature: Mitchell Goodman (by Charles Mingle) Name (type or print): Mitchell Goodman (by Charles Mingle)		Date: 11/23/2005 Title: Sr VP & General Counsel			
Processed 11/23/2005		* Electronically provided signatures are accepted as original signatures.				