

No. W 38965

Due no later than April 30, 2009
Annual Report Form2. Registered Agent and Office **NO PO BOX**Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

NATIONAL VISION ADMINISTRATORS, L.L
BENECARD SERVICES INC
3131 PRINCETON PIKE BLDG 213
STE 102
LAWRENCEVILLE, NJ 08648CORPORATION SERVICE COMPANY
1401 SHORELINE DR STE 2
BOISE, ID 83702**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office heldNameStreet or P.O. AddressCityStateZipBenecard
Services,
Inc.3131 Princeton Pike
STE 102, Bldg 2B
Lawrenceville, NJ
08648

Lawrenceville NJ 08648

5. Organized Under the Laws of:
NEW JERSEY
W 38965

6.

Signature

Date

Name (Typed or
Printed)

Title

Bart Francescone

Bart Francescone

4/22/09

Secretary/V.P.

Issued 02/02/2009

Do Not Tape or Staple

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