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|--|--------------------------------|---|-----------------|--|------------------|-------------|--|
| No. W 16237 | | Due no later than Aug 31, 2018 | | 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. EYEMED VISION CARE LLC TONYA COOPER PO BOX 8509 MASON OH 45040-7114 | | NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 | | | |
| | | | | 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 | LUXOTTICA RETAIL NORTH AMERICA | 4000 LUXOTTICA PLACE | MASON | OH | | 45040 | |
| MANAGER | VITO GIANNOLA | 12 HARBOR PARK DRIVE | PORT WASHINGTON | NY | USA | 11050 | |
| MANAGER | SUE KINSEY | 4000 LUXOTTICA PLACE | MASON | OH | USA | 45040 | |
| MANAGER | EMILIA FLAMINI | 12 HARBOR PARK DRIVE | PORT WASHINGTON | NY | USA | 11050 | |
| MANAGER | LUKAS RUECKER | 4000 LUXOTTICA PLACE | MASON | OH | USA | 45040 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 16237 | | Signature: TONYA COOPER | | | Date: 08/10/2018 | | |
| | | Name (type or print): TONYA COOPER | | | Title: SR. ACCT | | |
| Processed 08/10/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |