No. C 172456		Due no later than Apr 30, 2011		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. DENISE GOETTINGER 159 EXPRESS ST PLAINVIEW NY 11803-9004 USA		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA 3. New Registered Agent Signature:*			
4. Corporations: Enter	Names and Busine	ess Addresses of Presi	dent, Secretary, and Directors. Treasurer ((optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	JOHN R BAU		174 SPRINGHOUSE LANE	SPRING GROVE	PA	USA	17362-8695
DIRECTOR	WILLIAM C	SPRINGER	7718 ANCIENT INDIAN DRIVE	TUCSON	ΑZ	USA	85718
DIRECTOR	DAVID L HC	LMBERG	EYE CARE CENTERS OF AMERICA 11103 WEST AVENUE	SAN ANTONIO	TX	USA	78213
DIRECTOR	NANETTE P	DETURK	HIGHMARK INC. 120 FIFTH AVENUE	PITTSBURGH	PA	USA	15222
DIRECTOR	DAVID A BL	ANDINO	SHADYSIDE HOSPITAL 5230 CENTRE AVENUE	PITTSBURGH	PA	USA	15232
SECRETARY	EDWARD A	BITTNER	HIGHMARK INC. 120 FIFTH AVENUE, STE. 2180	PITTSBURGH	PA	USA	15222-9004
PRESIDENT	STEPHEN L	HOLDEN	DAVIS VISION, INC. 159 EXPRESS STREET	PLAINVIEW	NY	USA	11803-9004
TREASURER	MICHAEL J	KINCAID	EYE CARE CENTERS OF AMERICA, I 11103 WEST AVENUE	SAN ANTONIO	TX	USA	78213
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
NY		Signature: Denise Goettinger		Date: 04/11/2011			
C 172456		Name (type or print): Denise Goettinger Title: Compliance Analyst					
Processed 04/11/2011	<u> </u>	* Electronically provid	ed signatures are accepted as original sign	atures.			