



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **13700** 2. Name of Corporation **UVEX WINTER OPTICAL, INC.**
3. Street Address Principal Business Office **10 Thurber Boulevard** City **Smithfield** State **RI** Zip **02917**
4. Business Phone No. **401-232-1200** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0679**
7. Brief Description of the Character of Business Conducted in Rhode Island
Manufacture of safety glasses and ophthalmic items.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name **Klaus Wiedner** Vice President Name **For Additional Officers, See Ex. A. attached hereto.**
Street Address **Wurzburger Strasse** Street Address _____
City **Furth, Germany** City _____ State _____ Zip _____
Secretary Name **Walter Stepan** Treasurer Name **Walter Stepan**
Street Address **10 Thurber Boulevard** Street Address **10 Thurber Boulevard**
City **Smithfield** State **RI** Zip **02917** City **Smithfield** State **RI** Zip **02917**

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name **Rainer Winter** Director Name **For Additional Directors, See Ex. A. attached hereto.**
Street Address **10 Thurber Boulevard** Street Address _____
City **Smithfield** State **RI** Zip **02917** City _____ State _____ Zip _____
Director Name **Klaus Wiedner** Director Name **Gabriele Grau**
Street Address **10 Thurber Boulevard** Street Address **10 Thurber Boulevard**
City **Smithfield** State **RI** Zip **02917** City **Smithfield** State **RI** Zip **02917**

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS	NO PAR VAL		100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 3 7 0 0 *

File Date: 2/11/97

Check No.: 3409

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 2-3-97

Walter Stepan
Print or Type Name of Officer

Secretary/Treasurer
Title of Officer

UVEX WINTER OPTICAL, INC.

1997 ANNUAL REPORT

EXHIBIT A

ADDITIONAL OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
Bruce R. Campbell	Assistant Secretary	10 Thurber Boulevard Smithfield, RI 02917
Bruce R. Campbell	Assistant Treasurer	10 Thurber Boulevard Smithfield, RI 02917

ADDITIONAL DIRECTORS

<u>NAME</u>	<u>ADDRESS</u>
Michael Winter	10 Thurber Boulevard Smithfield, RI 02917
Walter Stepan	10 Thurber Boulevard Smithfield, RI 02917