

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION			
13700	UVEX WINTER OPTICAL, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE		CITY	STATE	ZIP CODE
10 Thurber Boulevard		Smithfield	RI	02917
4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION		6. SIC CODE	
401-232-1200	RHODE ISLAND		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				
PRESIDENT NAME		VICE PRESIDENT NAME		
Klaus Wiedner				
STREET ADDRESS		STREET ADDRESS		
Wurzburger Strasse				
CITY	STATE	CITY	STATE	ZIP CODE
Furth, Germany				
SECRETARY NAME		TREASURER NAME		
Walter Stepan		Walter Stepan		
STREET ADDRESS		STREET ADDRESS		
10 Thurber Boulevard		10 Thurber Boulevard		
CITY	STATE	CITY	STATE	ZIP CODE
Smithfield	RI	Smithfield	RI	02917

9. NAMES AND ADDRESSES OF THE DIRECTORS				
DIRECTOR NAME		DIRECTOR NAME		
Rainer Winter		Klaus Wiedner		
STREET ADDRESS		STREET ADDRESS		
10 Thurber Boulevard		10 Thurber Boulevard		
CITY	STATE	CITY	STATE	ZIP CODE
Smithfield	RI	Smithfield	RI	02917
DIRECTOR NAME		DIRECTOR NAME		
Gabriele Grau		Michael Winter		
STREET ADDRESS		STREET ADDRESS		
10 Thurber Boulevard		10 Thurber Boulevard		
CITY	STATE	CITY	STATE	ZIP CODE
Smithfield	RI	Smithfield	RI	02917

10. SHARES AUTHORIZED AND ISSUED					
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

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.

File Date: 2/28/96
Check No: 003935
By: [Signature]
For Secretary of State Use Only

Signature of Officer
Walter Stepan
Print or Type Name of Officer
Secretary/Treasurer
Title of Officer
Date