



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN BLACK

1. Corporate ID No. 60911		2. Name of Corporation Uvex Sports, Inc.			
3. Street Address Principal Business Office 910 Douglas Pike			City Smithfield	State RI	Zip 02917
4. Business Phone No. (401) 232-7670		5. State of Incorporation Rhode Island		6. SIC Code 679	
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) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Werner Grau			Vice President Name Michael Twist		
Street Address 910 Douglas Pike			Street Address 910 Douglas Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Bruce Campbell			Treasurer Name Bruce Campbell		
Street Address 910 Douglas Pike			Street Address 910 Douglas Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Rainer Winter			Director Name Walter Stepan		
Street Address 910 Douglas Pike			Street Address 910 Douglas Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Director Name Werner Grau			Director Name Michael Winter		
Street Address 910 Douglas Pike			Street Address 910 Douglas Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares 400	Class/Series Common	Par Value No Par	Number of Shares 100	Class/Series Common	Par Value No Par

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

FILED

File Date: MAR 01 2001

Check No.: By B. Campbell

By: _____

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.

Bruce Campbell 2/27/2001
Signature of Officer Date
Bruce Campbell
Print or Type Name of Officer
Secretary
Title of Officer