

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
Name	Formerly	Execution Date	Entity Type
The LensCrafters Foundation		01/07/2005	FOUNDATION:
<b>RECEIVING PARTY DATA</b>			
Name:	Give the Gift of Sight Foundation		
Street Address:	4000 Luxottica Place		
City:	Mason		
State/Country:	OHIO		
Postal Code:	45040		
Entity Type:	FOUNDATION:		
<b>PROPERTY NUMBERS Total: 4</b>			
Property Type	Number	Word Mark	
Registration Number:	1973129	GIVE THE GIFT OF SIGHT	
Registration Number:	2096727		
Registration Number:	1979743	GIVE THE GIFT OF SIGHT LENS CRAFTERS	
Registration Number:	1979742	LENS CRAFTERS	
<b>CORRESPONDENCE DATA</b>			
Fax Number:	(513)765-6641		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	5137656344		
Email:	smack@luxotticaretail.com		
Correspondent Name:	Susan Mack		
Address Line 1:	4000 Luxottica Place		
Address Line 4:	Mason, OHIO 45040		
ATTORNEY DOCKET NUMBER:	GGOS NAME CHANGE		
NAME OF SUBMITTER:	Susan Mack		

CH \$115.00 1973129

Signature:

/susan mack/

Date:

05/01/2006

Total Attachments: 3

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DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/18/2005	200501800396	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	.00	.00	.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

FROST BROWN & TODD  
10 W. BROAD ST., STE 1000  
COLUMBUS, OH 43215

**STATE OF OHIO  
CERTIFICATE**  
Ohio Secretary of State, J. Kenneth Blackwell

840219

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**GIVE THE GIFT OF SIGHT FOUNDATION**

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

**DOMESTIC/AMENDMENT TO ARTICLES**

**200501800396**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 10th day of January, A.D.  
2005.

*J. Kenneth Blackwell*  
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State  
Central Ohio: (614) 466-3910  
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos  
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Delivery to the following:	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 1028 Columbus, OH 43216

**Certificate of Amendment by Shareholders or Members (Domestic)**  
Filing Fee \$50.00

(CHECK ONLY ONE (1) BOX)

<b>(1) Domestic for Profit</b>	<b>PLEASE READ INSTRUCTIONS</b>	<b>(2) Domestic Non-Profit</b>
<input type="checkbox"/> Amended (122-AMAP)	<input type="checkbox"/> Amendment (125-AMDS)	<input type="checkbox"/> Amended (128-AMAN) <input checked="" type="checkbox"/> Amendment (128-AMD)

Complete the general information in this section for the box checked above.

Name of Corporation The LensCrafters Foundation

Charter Number 840219

Name of Officer J. Scott Stoelling

Title Executive Director

Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

A meeting of the  shareholders  directors (non-profit amended articles only)

members was duly called and held on \_\_\_\_\_ (Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise \_\_\_\_\_ % as the voting power of the corporation.

In a writing signed by all of the  shareholders  directors (non-profit amended articles only)

members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

All of the following information must be completed if an amended box is checked. If an amendment box is checked, complete the areas that apply.

FIRST: The name of the corporation is: Give the Gift of Sight Foundation

SECOND: The place in the State of Ohio where its principal office is located is in the City of:

\_\_\_\_\_

(city, village or township) (county)

THIRD: The purposes of the corporation are as follows:

\_\_\_\_\_

FOURTH: The number of shares which the corporation is authorized to have outstanding is: \_\_\_\_\_

(Does not apply to box (2))

**REQUIRED**  
Must be authenticated  
(signed) by an authorized  
representative  
(See instructions)

*Scott Stoeltig*

Authorized Representative  
SCOTT STOELTING, EXECUTIVE DIRECTOR

11/10/05

Date

\_\_\_\_\_

Authorized Representative

\_\_\_\_\_

Date

\_\_\_\_\_

Authorized Representative

\_\_\_\_\_

Date