

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY -1 PM 1:57

DOCUMENT # **P19847** (3)

1. Corporation Name

**STORZ INTRAOCULAR LENS COMPANY**

Principal Place of Business

3365 TREE CT. IND'L BLVD.  
ST. LOUIS MO 63122  
US

Mailing Address

ONE CYANAMID PLAZA  
WAYNE NJ 07470

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/28/1988

3a. Date of Last Report

08/03/1994

4. FE Number

43-1316338

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BLANKEMEYER, R.H.  
STREET ADDRESS 3365 TREE CT. INDUSTRIAL BLVD.  
CITY - ST - ZIP ST. LOUIS MO

1.1 TITLE P  
1.2 NAME Blankemeyer, R. H.  
1.3 STREET ADDRESS 3365 Tree Ct. Ind'l Blvd.  
1.4 CITY - ST - ZIP St. Louis, MO 63122

Change  Addition

TITLE VD  
NAME FREES, V J  
STREET ADDRESS 3365 TREE CT IND'L BLVD  
CITY - ST - ZIP ST LOUIS MO

2.1 TITLE V  
2.2 NAME Nee, T. M.  
2.3 STREET ADDRESS Five Giralda Farms  
2.4 CITY - ST - ZIP Madison, NJ 07940

Change  Addition

TITLE S  
NAME BRENNAN, A C  
STREET ADDRESS ONE CYANAMID PLZ  
CITY - ST - ZIP WAYNE NJ

3.1 TITLE S  
3.2 NAME Emerling, C. G.  
3.3 STREET ADDRESS Five Giralda Farms  
3.4 CITY - ST - ZIP Madison, NJ 07940

Change  Addition

TITLE VT  
NAME RITTER, R.T.  
STREET ADDRESS ONE CYANAMID PLAZA  
CITY - ST - ZIP WAYNE NJ

4.1 TITLE AT  
4.2 NAME Samuel, C. M.  
4.3 STREET ADDRESS One Cyanamid Plaza  
4.4 CITY - ST - ZIP Wayne, NJ 07470

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE D  
5.2 NAME Stafford, J. R.  
5.3 STREET ADDRESS Five Giralda Farms  
5.4 CITY - ST - ZIP Madison, NJ 07940

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE D.  
6.2 NAME Blount, R. G.  
6.3 STREET ADDRESS Five Giralda Farms  
6.4 CITY - ST - ZIP Madison, NJ 07940

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles M. Samuel*

Charles M. Samuel 4/2/95 (201)831-2000  
Asst. Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Prefix #)