

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P19847 (3)**

1. Corporation Name

STORZ INTRAOCULAR LENS COMPANY



Principal Place of Business

Mailing Address

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

ONE CYANAMID PLAZA
WAYNE NJ 07470

3. Date Incorporated or Qualified 06/28/1988	3a. Date of Last Report 05/01/1995
4. FEI Number 43-1316338	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	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 607.1506, 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 title if applicable

(Note: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	BLANKEMEYER, R.H.	
STREET ADDRESS	3365 TREE CT. INDUSTRIAL BLVD.	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NEE, T.M.	
STREET ADDRESS	FIVE GIRALDA FARMS	
CITY-ST-ZIP	MADISON NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EMERLING, C.G.	
STREET ADDRESS	FIVE GIRALDA FARMS	
CITY-ST-ZIP	MADISON NJ	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	SAMUEL, C.M.	
STREET ADDRESS	ONE CYANAMID PLAZA	
CITY-ST-ZIP	WAYNE NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STAFFORD, J.R.	
STREET ADDRESS	FIVE GIRALDA FARMS	
CITY-ST-ZIP	MADISON NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLOUNT, R.G.	
STREET ADDRESS	FIVE GIRALDA FARMS	
CITY-ST-ZIP	MADISON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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)(k), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles M. Samuel 4/3/96 (201) 831-2000
Asst. Treasurer Date Day/Mo/Year Day/Time Phone #

CR2E034 (12/95)