

**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: **3365 TREE CT. IND'L BLVD. ST. LOUIS MO 63122 US**  
Mailing Address: **ONE CYANAMID PLAZA WAYNE NJ 07470**

3. Date Incorporated or Qualified <b>06/28/1988</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>43-1316338</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLANKEMEYER, R.H.</b>	12 NAME	
STREET ADDRESS	<b>3365 TREE CT. INDUSTRIAL BLVD.</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. LOUIS MO</b>	14 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEE, T.M.</b>	22 NAME	
STREET ADDRESS	<b>FIVE GIRALDA FARMS</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>MADISON NJ</b>	24 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EMERLING, C.G.</b>	32 NAME	
STREET ADDRESS	<b>FIVE GIRALDA FARMS</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>MADISON NJ</b>	34 CITY-ST-ZIP	
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAMUEL, C.M.</b>	42 NAME	
STREET ADDRESS	<b>ONE CYANAMID PLAZA</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>WAYNE NJ</b>	44 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STAFFORD, J.R.</b>	52 NAME	
STREET ADDRESS	<b>FIVE GIRALDA FARMS</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>MADISON NJ</b>	54 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOUNT, R.G.</b>	62 NAME	
STREET ADDRESS	<b>FIVE GIRALDA FARMS</b>	63 STREET ADDRESS	
CITY-ST-ZIP	<b>MADISON FL</b>	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: **Charles M. Samuel** 4/3/96 (201) 831-2000  
Date: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Acct. Treasurer Date/Time Phone #

CR2E034 (12/95)