

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 256675 (0)  
1. Corporation Name  
JOHNSON & JOHNSON VISION PRODUCTS, INC.

Principal Place of Business 4500 SALISBURY RD. PO BOX 10157 JACKSONVILLE FL 32216-7157	Mailing Address 4500 SALISBURY RD. PO BOX 10157 JACKSONVILLE FL 32216-7157
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/07/1962	
4. FEI Number 59-0948197		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			
9. Name and Address of New Registered Agent 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WALSH, B.W. 1 JOHNSON & JOHNSON PLZ NEW BRUNSWICK NJ 08933	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Exec VP Sales & Marketing Bard-Pierce, R. 4500 Salisbury Road Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALLAHAN, J.M. 4500 SALISBURY RD. JACKSONVILLE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ZOCCA, R. L 1 JOHNSON & JOHNSON PLZ NEW BRUNSWICK NJ	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROGASKI, S. 4500 SALISBURY RD. JACKSONVILLE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEPHENS, W. P 4500 SALISBURY RD. JACKSONVILLE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SHORT, H.E. 4500 SALISBURY RD. JACKSONVILLE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in the attached filing with an address.

SIGNATURE: Stanley P. Yamane VP Prof Affairs

CR2E034 (10/97)

JOHNSON & JOHNSON VISION PRODUCTS, INC.  
OFFICERS

Title : Vice President Professional Affairs  
Name : S. J. Yamane  
Address : 4500 Salisbury Road  
City-ST-Zip : Jacksonville, FL 32216

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Title : Vice President Sales  
Name : T. J. Squeglia  
Address : 4500 Salisbury Road  
City-ST-Zip : Jacksonville, FL 32216

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Title : Vice President Operations  
Name : J. B. Saddington  
Address : 4500 Salisbury Road  
City-ST-Zip : Jacksonville, FL 32216

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Title : Vice President Research & Development  
Name : W. A. Martin  
Address : 4500 Salisbury Road  
City-ST-Zip : Jacksonville, FL 32216

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Title : Vice President New Business Development  
Name : B. W. Deibler  
Address : 1 Johnson & Johnson Plaza  
City-ST-Zip : New Brunswick, NJ 08933

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Title : Vice President Quality Assurance & Reg Aff  
Name : S. J. Rogaski  
Address : 4500 Salisbury Road  
City-ST-Zip : Jacksonville, FL 32216

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Title : Assistant Secretary  
Name : R. F. Biribauer  
Address : 1 Johnson & Johnson Plaza  
City-ST-Zip : New Brunswick, NJ 08933

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Title : Assistant Secretary  
Name : A. A. Ciamporzero  
Address : 1 Johnson & Johnson Plaza  
City-ST-Zip : New Brunswick, NJ 08933

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Title : Assistant Secretary  
Name : P. S. Galloway  
Address : 1 Johnson & Johnson Plaza  
City-ST-Zip : New Brunswick, NJ 08933

Johnson & Johnson Vision Products, Inc.

Officers Cont...

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Title : Assistant Secretary  
Name : L. A. Gianneschi  
Address : 1 Johnson & Johnson Plaza  
City-ST-Zip : New Brunswick, NJ 08933

Title : Assistant Secretary  
Name : A. B. Kiernan  
Address : 1 Johnson & Johnson Plaza  
City-ST-Zip : New Brunswick, NJ 08933

Title : Assistant Secretary  
Name : S.J. Rogaski  
Address : 4500 Salisbury Road  
City-ST-Zip : Jacksonville, FL 32216

Title : Assistant Secretary  
Name : M. J. Ryan  
Address : 1 Johnson & Johnson Plaza  
City-ST-Zip : New Brunswick, NJ 08933

Title : Assistant Secretary  
Name : S. Stern  
Address : 1 Johnson & Johnson Plaza  
City-ST-Zip : New Brunswick, NJ 08933

Title : Assistant Secretary  
Name : M.R. Warfield  
Address : 1 Johnson & Johnson Plaza  
City-ST-Zip : New Brunswick, NJ 08933