

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 832440

1. Entity Name

B&L CRL, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90047 001 ***150.00

Principal Place of Business

Mailing Address

**251 BALLARDVALE ST.
WILMINGTON MA 01887-1000**

**C/O TAX DEPT
ONE BAUSCH & LOMB PLACE
ROCHESTER NY 14604-2701
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-2055369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☐ Delete
NAME **FOSTER, HENRY L. DVM**
STREET ADDRESS **2 COMMONWEALTH AVE.**
CITY-ST-ZIP **BOSTON MA**

TITLE ☒ Change ☐ Addition
NAME **Henry L. Foster, DVM**
STREET ADDRESS **251 Ballardvale Street**
CITY-ST-ZIP **Wilmington, MA 01887**

TITLE **VCFT** ☐ Delete
NAME **ACKERMAN, THOMAS A**
STREET ADDRESS **251 BALLARDVALE ST**
CITY-ST-ZIP **WILMINGTON MA 01887**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CEP** ☐ Delete
NAME **FOSTER, JAMES C.**
STREET ADDRESS **16 HANCOCK ROAD**
CITY-ST-ZIP **WESTON MA**

TITLE ☒ Change ☐ Addition
NAME **James C. Foster**
STREET ADDRESS **251 Ballardvale Street**
CITY-ST-ZIP **Wilmington, MA 01887**

TITLE **VPS** ☐ Delete
NAME **SHAUGHNESSY, DENNIS R.**
STREET ADDRESS **96 OLD RIGHT RD**
CITY-ST-ZIP **IPSWICH MA 01938**

TITLE ☒ Change ☐ Addition
NAME **Dennis R. Shaughnessy**
STREET ADDRESS **251 Ballardvale Street**
CITY-ST-ZIP **Wilmington, MA 01887**

TITLE **T** ☐ Delete
NAME **RESNICK, ALAN H.**
STREET ADDRESS **4213 ST. PAUL BLVD**
CITY-ST-ZIP **ROCHESTER NY**

TITLE ☒ Change ☐ Addition
NAME **Alan H. Resnick**
STREET ADDRESS **One Bausch & Lomb Place**
CITY-ST-ZIP **Rochester, New York 14604**

TITLE **AS** ☐ Delete
NAME **GEISEL, JEAN F**
STREET ADDRESS **ONE BAUSCH & LOMB PL**
CITY-ST-ZIP **ROCHESTER NY 14604**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)