

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

02-26-2000 90047 001 \*\*\*150.00

**DOCUMENT # 832440**

1. Entity Name  
**B&L CRL, INC.**

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



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DC FOSTER, HENRY L. DVM 2 COMMONWEALTH AVE. BOSTON MA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Henry L. Foster, DVM 251 Ballardvale Street Wilmington, MA 01887</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFT ACKERMAN, THOMAS A 251 BALLARDVALE ST WILMINGTON MA 01887</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEP FOSTER, JAMES C. 16 HANCOCK ROAD WESTON MA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>James C. Foster 251 Ballardvale Street Wilmington, MA 01887</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS SHAUGHNESSY, DENNIS R. 96 OLD RIGHT RD IPSWICH MA 01938</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Dennis R. Shaughnessy 251 Ballardvale Street Wilmington, MA 01887</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T RESNICK, ALAN H. 4213 ST. PAUL BLVD ROCHESTER NY</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Alan H. Resnick One Bausch &amp; Lomb Place Rochester, New York 14604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS GEISEL, JEAN F ONE BAUSCH &amp; LOMB PL ROCHESTER NY 14604</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jean F. Geisel      **Jean F. Geisel**      2-14-00      716-338-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)