

B010000000038

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Alcon Research, Ltd.

900003623129--9

-02/01/01--01069--008

***1837.50 ***1837.50

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

2/1/01

Order#: 3538004

Ref#: _____

Amount: \$ _____

RECEIVED
01 FEB - 1 PM 1:08
DIVISION OF CORPORATION
01 FEB - 1 PM 2:09
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

4p
660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

Florida Department of State, Sandra B. Mortham, Secretary of State

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Alcon Research, Ltd.
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Texas 4. June 25, 1999
(State of Formation) (Date of Formation)

5. C T Corporation System
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

C T Corporation System

C. Morales
Special Asst. Secretary

(Agent must sign on this line)

8. _____

CT Corporation System, 350 North St. Paul Street, Suite 2900, Dallas, TX 75201
(Address of registered office required in state of formation or, if not required, address of principal office)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Alcon Laboratories, Inc. 6201 South Freeway, Fort Worth, Texas 76134

10. Alcon Laboratories, Inc., 6201 South Freeway, Fort Worth, Texas 76134
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12.

Alcon Research, Ltd., 6201 South Freeway, Fort Worth, Texas 76134

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 30th day of January, ~~20~~ 2001

ALCON LABORATORIES, INC.

General Partner

STATE OF

Texas

By:

Elaine E. Whitbeck
Elaine E. Whitbeck

COUNTY OF

Tarrant

Its: Vice President, Associate General Counsel/
Assistant Secretary

On this 30th day of January, ~~20~~ 2001

Elaine E. Whitbeck

personally appeared before me,

☒ who is personally known to me

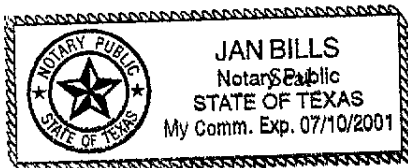
☐ whose identity I proved on the basis of _____

Jan Bills
(Notary Public Signature)

Jan Bills

(Notary's Printed Name)

FILED
01 FEB - 1 PM 2:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA



My Commission Expires: 07/10/2001

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Alcon Laboratories, Inc.
a general partner of Alcon Research, Ltd., a (an) Texas
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 58,089,014.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,000,000.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 30th day of January, ~~xx~~ 2001.

ALCON LABORATORIES, INC.

General Partner

By:

Elaine E. Whitbeck
Elaine E. Whitbeck

Its: Vice President, Associate General Counsel/
Assistant Secretary

STATE OF Texas

COUNTY OF Tarrant

On this 30th

day of January

, ~~xx~~ 2001.

Elaine E. Whitbeck

, personally appeared before me,

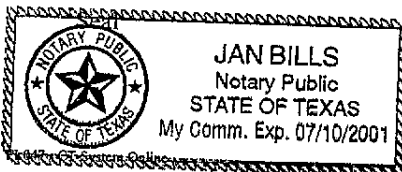
☒ who is personally known to me

☐ whose identity I proved on the basis of _____

FILED
01 FEB - 1 PM 2:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Jan Bills
(Notary Public Signature)

Jan Bills
(Notary's Printed Name)



My Commission Expires: 7/10/01