

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
199 5



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**95 MAY -1 AM 11:41**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

1. Corporation Name <b>BAUSCH &amp; LOMB SERVICES CORP.</b>	<b>DOCUMENT # F92000000511 (7)</b>
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Mailing Address <b>c/o ROBERT H. SHAW - III, BAUSCH &amp; LOMB INC. ONE LINCOLN FIRST SQUARE ROCHESTER NY 14601</b>	<b>Tax Dept.</b> Principal Place of Business <b>c/o ROBERT H. SHAW - III, BAUSCH &amp; LOMB INC. ONE LINCOLN FIRST SQUARE ROCHESTER NY 14601</b>
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**Tax Dept.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/04/1992</b>	3a. Date of Last Report <b>06/27/1993</b>
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2. Mailing Address <b>21 c/o Bausch &amp; Lomb Inc, Tax Dept.</b>	2a. Principal Place of Business <b>27 c/o Bausch &amp; Lomb Inc, Tax Dept.</b>	4. FEI Number <b>16-1426825</b>	Applied For <input type="checkbox"/> Not Applicable
22 Suits, Apt. #, etc.	27 Suits, Apt. #, etc.	5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
23 City & State	28 City & State	7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 Zip	30 Country
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
		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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	<b>P/C/D</b>	<b>JOHNSON HAROLD</b>	<b>O</b>	11 TITLE			
12 NAME				12 NAME		<b>100001484911</b>	
13 STREET ADDRESS		<b>1400 NORTH GOODMAN STREET</b>		13 STREET ADDRESS		<b>-05/12/95--01008--005</b>	
14 CITY ST ZIP		<b>ROCHESTER NY 14609</b>		14 CITY ST ZIP		<b>****200.00 ****200.00</b>	
21 TITLE	<b>V/D</b>	<b>CONNORS GARY</b>		21 TITLE			
22 NAME				22 NAME			
23 STREET ADDRESS		<b>ONE LINCOLN PLACE</b>		23 STREET ADDRESS			
24 CITY ST ZIP		<b>ROCHESTER NY 14601</b>		24 CITY ST ZIP			
31 TITLE	<b>S</b>	<b>GEISEN JEAN</b>	<b>F</b>	31 TITLE			
32 NAME				32 NAME		<b>Geisel, Jean F</b>	
33 STREET ADDRESS		<b>ONE LINCOLN PLACE</b>		33 STREET ADDRESS			
34 CITY ST ZIP		<b>ROCHESTER NY 14601</b>		34 CITY ST ZIP			
41 TITLE	<b>T/D</b>	<b>RESNICK ALAN</b>	<b>H</b>	41 TITLE			
42 NAME				42 NAME			
43 STREET ADDRESS		<b>ONE LINCOLN PLACE</b>		43 STREET ADDRESS			
44 CITY ST ZIP		<b>ROCHESTER NY 14601</b>		44 CITY ST ZIP			
51 TITLE	<b>A/S/D</b>	<b>SHAW ROBERT</b>	<b>III</b>	51 TITLE			
52 NAME				52 NAME			
53 STREET ADDRESS		<b>ONE LINCOLN PLACE</b>		53 STREET ADDRESS			
54 CITY ST ZIP		<b>ROCHESTER NY 14601</b>		54 CITY ST ZIP			
61 TITLE				61 TITLE			
62 NAME				62 NAME			
63 STREET ADDRESS				63 STREET ADDRESS			
64 CITY ST ZIP				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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on the 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X** *Alan H Resnick* **Treasurer** **4/28/95** **716-338-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*ALW*