

**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>	Tax Dept. 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>	
2. Mailing Address <b>21 c/o Bausch &amp; Lomb Inc, Tax Dept.</b>		2a. Principal Place of Business <b>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.	
23 City & State		28 City & State	
24 Zip		29 Zip	
25 Country		30 Country	
5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>			
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**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

**10. 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 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**

11 TITLE	<b>P/C/D</b>	<b>JOHNSON HAROLD O</b>
12 NAME		
13 STREET ADDRESS		<b>1400 NORTH GOODMAN STREET</b>
14 CITY ST ZIP		<b>ROCHESTER NY 14609</b>
21 TITLE	<b>V/D</b>	<b>CONNORS GARY</b>
22 NAME		
23 STREET ADDRESS		<b>ONE LINCOLN PLACE</b>
24 CITY ST ZIP		<b>ROCHESTER NY 14601</b>
31 TITLE	<b>S</b>	<b>GEISEN JEAN F</b>
32 NAME		
33 STREET ADDRESS		<b>ONE LINCOLN PLACE</b>
34 CITY ST ZIP		<b>ROCHESTER NY 14601</b>
41 TITLE	<b>T/D</b>	<b>RESNICK ALAN H</b>
42 NAME		
43 STREET ADDRESS		<b>ONE LINCOLN PLACE</b>
44 CITY ST ZIP		<b>ROCHESTER NY 14601</b>
51 TITLE	<b>A/S/D</b>	<b>SHAW ROBERT H III</b>
52 NAME		
53 STREET ADDRESS		<b>ONE LINCOLN PLACE</b>
54 CITY ST ZIP		<b>ROCHESTER NY 14601</b>
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

**13. CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	
12 NAME	<b>100001484911</b>
13 STREET ADDRESS	<b>-05/12/95--01008--005</b>
14 CITY ST ZIP	<b>****200.00 ****200.00</b>
21 TITLE	
22 NAME	<b>Geisel, Jean F</b>
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
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 the 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*