

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F92000000511 (7)**

1. Corporation Name  
**BAUSCH & LOMB SERVICES CORP.**



Principal Place of Business: **C/O BAUSCH & LOMB, INC., TAX DEPT. ONE LINCOLN FIRST SQUARE ROCHESTER NY 14601**  
Mailing Address: **C/O BAUSCH & LOMB, INC., TAX DEPT. ONE LINCOLN FIRST SQUARE ROCHESTER NY 14601**

2. Principal Place of Business: **One Bausch & Lomb Place**  
21 Suite, Apt. #, etc.: **c/o Tax Dept.**  
22 City & State: **Rochester, NY**  
23 Zip: **14604-2701**  
24 Country: **USA**

3. Date Incorporated or Qualified: **12/04/1992**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **16-1426825**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes:  Yes  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  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PCD	JOHNSON, HAROLD O	1400 NORTH GOODMAN STREET	ROCHESTER NY 14609	<input checked="" type="checkbox"/>
VD	CONNORS, GARY	ONE LINCOLN PLACE	ROCHESTER NY 14601	<input type="checkbox"/>
S	GEISEL, JEAN F	ONE LINCOLN PLACE	ROCHESTER NY 14601	<input type="checkbox"/>
TD	RESNICK, ALAN H	ONE LINCOLN PLACE	ROCHESTER NY 14601	<input type="checkbox"/>
ASD	SHAW, ROBERT H III	ONE LINCOLN PLACE	ROCHESTER NY 14601	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
CP	Carl E. Sassano	One Bausch & Lomb Place	Rochester, NY 14604-2701	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		One Bausch & Lomb Place	Rochester, NY 14604-2701	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		One Bausch & Lomb Place	Rochester, NY 14604-2701	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		One Bausch & Lomb Place	Rochester, NY 14604-2701	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	Richard G. Castor	One Bausch & Lomb Place	Rochester, NY 14604-2701	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 further certify that the information indicated on this 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 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Alan H. Resnick* **Alan H. Resnick** **3/5/96** **716-338-6000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Change

CR2E034 (12/95)