

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 Mailing Address
C/O BAUSCH & LOMB, INC., TAX DEPT.
ONE LINCOLN FIRST SQUARE
ROCHESTER NY 14601
C/O BAUSCH & LOMB, INC., TAX DEPT.
~~ONE LINCOLN FIRST SQUARE~~
ROCHESTER NY 14601

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

2a. Mailing Address
26 **Same as #2**
Suite, Apt. #, etc.
27
City & State:
28
Zip: Country:

3. Date Incorporated or Qualified **12/04/1992** 3a. Date of Last Report **05/01/1995**
4. FEI Number **16-1426825** Applied For Not Applicable
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	DELETED	1. TITLE	NAME	Change	Addition
PCD	JOHNSON, HAROLD O 1400 NORTH GOODMAN STREET ROCHESTER NY 14609	<input checked="" type="checkbox"/>	CP	Carl E. Sassano One Bausch & Lomb Place Rochester, NY 14604-2701	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	CONNORS, GARY ONE LINCOLN PLACE ROCHESTER NY 14601	<input type="checkbox"/>	2. TITLE	One Bausch & Lomb Place Rochester, NY 14604-2701	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	GEISEL, JEAN F ONE LINCOLN PLACE ROCHESTER NY 14601	<input type="checkbox"/>	3. TITLE	One Bausch & Lomb Place Rochester, NY 14604-2701	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	RESNICK, ALAN H ONE LINCOLN PLACE ROCHESTER NY 14601	<input type="checkbox"/>	4. TITLE	One Bausch & Lomb Place Rochester, NY 14604-2701	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ASD	SHAW, ROBERT H III ONE LINCOLN PLACE ROCHESTER NY 14601	<input type="checkbox"/>	5. TITLE	V Richard G. Castor One Bausch & Lomb Place Rochester, NY 14604-2701	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	6. TITLE		<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)