

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		2a. Mailing Address		3. Date Incorporated or Qualified 12/04/1992		3a. Date of Last Report 05/01/1995	
21 One Bausch & Lomb Place		26 Same as #2		4. FEI Number 16-1426825		Applied For Not Applicable	
22 c/o Tax Dept.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Rochester, NY		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 14604-2701		29 Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25 USA		30 Country					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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, 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

Signature, typed or printed name of new or existing agent and title (if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	CP
NAME	JOHNSON, HAROLD O	1.2 NAME	Carl E. Sassano
STREET ADDRESS	1400 NORTH GOODMAN STREET	1.3 STREET ADDRESS	One Bausch & Lomb Place
CITY-ST-ZIP	ROCHESTER NY 14609	1.4 CITY-ST-ZIP	Rochester, NY 14604-2701
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNORS, GARY	2.2 NAME	
STREET ADDRESS	ONE LINCOLN PLACE	2.3 STREET ADDRESS	One Bausch & Lomb Place
CITY-ST-ZIP	ROCHESTER NY 14601	2.4 CITY-ST-ZIP	Rochester, NY 14604-2701
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEISEL, JEAN F	3.2 NAME	
STREET ADDRESS	ONE LINCOLN PLACE	3.3 STREET ADDRESS	One Bausch & Lomb Place
CITY-ST-ZIP	ROCHESTER NY 14601	3.4 CITY-ST-ZIP	Rochester, NY 14604-2701
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESNICK, ALAN H	4.2 NAME	
STREET ADDRESS	ONE LINCOLN PLACE	4.3 STREET ADDRESS	One Bausch & Lomb Place
CITY-ST-ZIP	ROCHESTER NY 14601	4.4 CITY-ST-ZIP	Rochester, NY 14604-2701
TITLE	ASD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAW, ROBERT H III	5.2 NAME	Richard G. Castor
STREET ADDRESS	ONE LINCOLN PLACE	5.3 STREET ADDRESS	One Bausch & Lomb Place
CITY-ST-ZIP	ROCHESTER NY 14601	5.4 CITY-ST-ZIP	Rochester, NY 14604-2701
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96

716-338-6000

CR2E034 (12/95)