


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F92000000511 (7)</b>					
1. Corporation Name <b>BAUSCH &amp; LOMB SERVICES CORP.</b>					
Principal Place of Business <b>C/O TAX DEPT. ONE LINCOLN FIRST SQUARE ROCHESTER NY 14604-701 US--</b>			Mailing Address <b>C/O BAUSCH &amp; LOMB, INC. TAX DEPT. ONE LINCOLN FIRST SQUARE ROCHESTER NY 14601 US--</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/04/1992</b>	
21 <b>One Bausch &amp; Lomb Place</b>		26 <b>Same as #2</b>		3a. Date of Last Report <b>03/13/1996</b>	
22 <b>c/o Tax Dept.</b>		27		4. FEI Number <b>16-1426825</b>	
23 <b>Rochester, NY</b>		28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>14604-2701</b>		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 <b>USA</b>		30		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			10. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			<b>FL</b>		
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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input checked="" type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME <b>CP</b>			CP		
STREET ADDRESS <b>SASSANO, CARL E</b>			Osbaldeston, Stephen J.		
CITY-ST-ZIP <b>ONE BAUSCH &amp; LOMB PLACE</b>			60 McCoord Woods Drive		
			Fairport, NY 14450		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME <b>VD</b>			V		
STREET ADDRESS <b>CONNORS, GARY</b>			Castor, Richard G.		
CITY-ST-ZIP <b>ONE LINCOLN PLACE</b>			RPD #2		
			Bedford, NY 10506		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>S</b>			3.2 NAME		
STREET ADDRESS <b>GEISEL, JEAN F</b>			3.3 STREET ADDRESS		
CITY-ST-ZIP <b>ONE LINCOLN PLACE</b>			3.4 CITY-ST-ZIP		
			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE			4.2 NAME		
NAME <b>TD</b>			4.3 STREET ADDRESS		
STREET ADDRESS <b>RESNICK, ALAN H</b>			4.4 CITY-ST-ZIP		
CITY-ST-ZIP <b>ONE LINCOLN PLACE</b>			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
			5.2 NAME		
TITLE <input type="checkbox"/> DELETE			5.3 STREET ADDRESS		
NAME <b>ASD</b>			5.4 CITY-ST-ZIP		
STREET ADDRESS <b>SHAW, ROBERT H III</b>			6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
CITY-ST-ZIP <b>ONE LINCOLN PLACE</b>			6.2 NAME		
			6.3 STREET ADDRESS		
TITLE <input type="checkbox"/> DELETE			6.4 CITY-ST-ZIP		
NAME			See Attached		
STREET ADDRESS			Schedules		
CITY-ST-ZIP					
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 if changed, or on an attachment with an address.					
SIGNATURE: <b>X</b> <i>Alan H. Resnick</i> <b>ALAN H. RESNICK</b> 4-14-97 716-3386000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

**BAUSCH & LOMB SERVICES CORP.**  
**ROCHESTER, NEW YORK**  
**NAMES & ADDRESSES OF OFFICERS**

<i>Name and Title</i>	<i>Business Address</i>
<b>Stephen J. Osbaldiston</b> Chairman of the Board & President	1400 N. Goodman Street Rochester, NY 14609
<b>Gary S. Connors</b> Vice President	One Bausch & Lomb Place Rochester, NY 14604-2701
<b>Richard G. Castor</b> Vice President	Rfd #2 Bedford, NY 10506
<b>Jean F. Geisel</b> Secretary	One Bausch & Lomb Place Rochester, NY 14604-2701
<b>Robert H. Shaw, III</b> Assistant Secretary	One Bausch & Lomb Place Rochester, NY 14604-2701
<b>Alan H. Resnick</b> Treasurer	One Bausch & Lomb Place Rochester, NY 14604-2701

**BAUSCH & LOMB SERVICES CORP.**  
**ROCHESTER, NEW YORK**  
**NAMES & ADDRESSES OF DIRECTORS**

<i>Name</i>	<i>Business Address</i>
Gary Connors	One Bausch & Lomb Place Rochester, NY 14604-2701
Robert H. Shaw, III	One Bausch & Lomb Place Rochester, NY 14604-2701
Alan H. Resnick	One Bausch & Lomb Place Rochester, NY 14604-2701