FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90191 026 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

### DOCUMENT # F92000000511

1. Corporation Name

BAUSCH & LOMB SERVICES CORP.

Principal Place	e of Business	Mailing Address					88411 #8181 <b>8</b> 1181 1	<b>     </b>
			`E					
ONE BAUSCH & LOMB PLACE ONE BAUSCH & LOMB PLACE C/O TAX DEPT. C/O TAX DEPT.			<i>,</i> c					
ROCHESTER N		ROCHESTER NY 14604-2701	l			DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualifed				
						12/04/1992		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	<b>├</b> ─- <del></del>	olied For
21	<u></u>	26				16-1426825		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Red	
22		City & State				0.51 // 0.000 5000 5000		
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> ( Added to	, ,
<b>Zip</b>	Country	Zip	Cour			8. This corporation owes the current year In		01003
· ·	25	— ` r	30	,,,		Personal Property Tax.		□No
24	9. Name and Address of Current		301			10. Name and Address of New Registered	l Agent	
	- 11dillo - 11di			81	Name			
C T	CORPORATION SYSTEM				<u> </u>	(0.0.0.1)		
1200	SOUTH PINE ISLAND ROAD			82	Street Add	reet Address (P.O. Box Number is Not Acceptable)		
PLAN	NTATION FL 33324		ŀ	83		<del> </del>		
				84	City	FI	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508. Florida Statute	es, the ab	oove-	named corp	poration submits this statement for the purpose of	f changing its	registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	if Florida. Such change was au	uthorized	by t	he corporati	ion's board of directors. I hereby accept the appoint	ointment as reg	gistered
agent. i a	m ramıllar with, and accept the obligati	ons or, section our losos, mor	iua Statu	iles.				{
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent	signature requir	red when reinstating) DATE		·
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	CPD	☐ DELETE	1.1 TIT	LE.			Change	Addition
NAME	OSBALDESTON, STEPHEN J		1.2 NA	ME				
STREET ADDRESS	60 MCCOORD WOODS DRIVE		1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	FARIPORT NY		14 CII	ry-\$T-	ZiP			
TITLE	VD	☐ DELETE	2.1 TIT	LE.			Change	☐ Addition
NAME	CONNORS, GARY		2.2 NA	ME				
STREET ADDRESS	772 MOUNT VISTA LANE		2.3 STI	REET	ADORESS			ł
CITY-ST-ZIP	WEBSTER NY 14580		2.4 CI	TY-8T	- ZIP			
TITLE	S	☐ DELETE	3.1 TIT	TLE.			Change	☐ Addition
NAME	GEISEL, JEAN F		3 2 NA	ME				
STREET ADDRESS	139 SHELDON ROAD		3.3 ST	REET	ADDRESS			
CITY-ST-ZIP	HONEOYE FALLS NY 14472		3.4. CI	TY-ST	-ZIP			
TITLE	TD	☐ DELETE	4,1 TiT	rle.			Change	Addition
NAME	RESNICK, ALAN H		4. 2 NAME					
STREET ADDRESS	4213 ST PAUL BLVD		4.3 STREET		ADORESS			ĺ
CITY-ST-ZIP	ROCHESTER NY 14617		4.4 CFI		ZIP		ed o	
TITLE	D	☐ DELETE	5.1 TIT		١ــا	I'les Dohert B	Change	Addition
NAME	SHLES, ROBERT B		5.2 NA			tiles, Robert B.		
STREET ADDRESS	ONE BAUSCH & LOMB PLACE				ADDRESS			
CITY-ST-ZIP	ROCHESTER NY 14604-2701		5.4 CIT	rv. st.	ZIP			
777.5	HOOFIEGIETI III 14004-2701							
TITLE	HOOHEOTEH HI 14004-2701	☐ DELETE	6.1 TIT	LE			Change	Addition
NAME	HOONEGIEN IN 14004-2701	☐ DELETE		LE			Change	☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, propried in attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

716-338-6000

Daytime Phone #

## BAUSCH & LOMB SERVICES CORP.

ROCHESTER, NEW YORK NAMES & ADDRESSES OF DIRECTORS

Taken I	
3.50	
2	
0.	
151	
31	
เดีย	
5.5	
13.391	
13321	
[25]	
9.60	
12/33	
363	
25	
75	
150	
(3E)	
日本	
(255)	
100	
383	
Kasa I	
<b>PAG</b>	
1001	
1731	
12:1	
157	
1991	
125	
2/2	
- T	
124	
194	
2/	
9	
S	
(A)	
263	
1236	
100	
34.2	
15050	
572	
400	
482	

Alan H. Resnick	Jean Geisel	Gary Connors
One Bausch & Lomb Place	One Bausch & Lomb Place	One Bausch & Lomb Place
Rochester, NY 14604-2701	Rochester, NY 14604-2701	Rochester, NY 14604-2701

One Bausch & Lomb Place Rochester, NY 14604-2701

Robert B. Stiles

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

535358-4014/-26 FALOXXXXXIII

# Name and Title: Business Address

One Bausch & Lomb Place Rochester, NY 14604-2701

### Jean F. Geisel Secretary Alan H. Basnick

One Bausch & Lomb Place Rochester, NY 14604-2701

Alan H. Resnick Treasurer

One Bausch & Lomb Place Rochester, NY 14604-2701

One Bausch & Lomb Place Rochester, NY 14604-2701