

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

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

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

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F92000000511**

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

Principal Place of Business ONE BAUSCH & LOMB PLACE C/O TAX DEPT. ROCHESTER NY 14604-2701 US	Mailing Address ONE BAUSCH & LOMB PLACE C/O TAX DEPT. ROCHESTER NY 14604-2701 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/04/1992	4. FEI Number 16-1426825	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 City & State	28 City & State	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24 Zip	25 Country	29 Zip	30 Country	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	OSBALDESTON, STEPHEN J	
STREET ADDRESS	60 MCCOORD WOODS DRIVE	
CITY-ST-ZIP	FARIPORT NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CONNORS, GARY	
STREET ADDRESS	772 MOUNT VISTA LANE	
CITY-ST-ZIP	WEBSTER NY 14580	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GEISEL, JEAN F	
STREET ADDRESS	139 SHELDON ROAD	
CITY-ST-ZIP	HONEYE FALLS NY 14472	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RESNICK, ALAN H	
STREET ADDRESS	4213 ST PAUL BLVD	
CITY-ST-ZIP	ROCHESTER NY 14617	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHLES, ROBERT B	
STREET ADDRESS	ONE BAUSCH & LOMB PLACE	
CITY-ST-ZIP	ROCHESTER NY 14604-2701	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Stiles, Robert B.
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4/22/99 716-338-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

535358-4014/-86  
F920000000511

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

Name	Business Address
Gary Connors	One Bausch & Lomb Place Rochester, NY 14604-2701
Jean Geisel	One Bausch & Lomb Place Rochester, NY 14604-2701
Alan H. Resnick	One Bausch & Lomb Place Rochester, NY 14604-2701
Robert B. Stiles	One Bausch & Lomb Place Rochester, NY 14604-2701

535358-40191-26  
F4200000511

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

<b>Name and Title</b>	<b>Business Address</b>
<b>Gary S. Connors</b> Chairman of the Board & President	One Bausch & Lomb Place Rochester, NY 14604-2701
<b>Robert B. Stiles</b> Vice President	One Bausch & Lomb Place Rochester, NY 14604-2701
<b>Jean F. Geisel</b> Secretary	One Bausch & Lomb Place Rochester, NY 14604-2701
<b>Alan H. Resnick</b> Treasurer	One Bausch & Lomb Place Rochester, NY 14604-2701