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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90191 026 ***150.00

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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 of Business: ONE BAUSCH & LOMB PLACE, C/O TAX DEPT., ROCHESTER NY 14604-2701, US

Mailing Address: ONE BAUSH & LOMB PLACE, C/O TAX DEPT., ROCHESTER NY 14604-2701, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **12/04/1992**

4. FEI Number: **16-1426825**

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 owes the current year Intangible Personal Property Tax: 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 **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 _____ 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: _____ DATE: **4/22/99** DAYTIME PHONE #: **716-338-6000**

CR2E034 (11/98)

535358-40141-86
FQ 20000000511

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**

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