FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # F94000002780 (4)

1. Corporate Name
SIGHT PHARMACEUTICALS INCORPORATED

Principal Place of Business
ONE CHASE TOWER
SUITE 2400
ROCHESTER NY 14601-0054

Mailing Address
ONE CHASE TOWER
SUITE 2400
ROCHESTER NY 14601-0054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1994
3a. Date of Last Report:

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

4. FEI Number: 16-1447379
Applied For
Not Applicable

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 has subject to intangible tax under S. 199.032 Florida Statutes ☐ 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 Section [illegible], 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. The corporation's Board of Directors, hereby, accept the appointment as registered agent. I am familiar with, and hereby accept the duties of Section [illegible], Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOZIER, ALAN P
STREET ADDRESS	8500 HIDDEN RIVER PKWY
CITY ST ZIP	TAMPA FL
TITLE	ASD
NAME	MULLEN, JOHN E
STREET ADDRESS	8500 HIDDEN RIVER PKWY
CITY ST ZIP	TAMPA FL
TITLE	SD
NAME	HELLRUNG, STEPHEN A
STREET ADDRESS	ONE CHASE SQUARE, STE 2400
CITY ST ZIP	ROCHESTER NY
TITLE	TD
NAME	MCCLUSKY, STEVE
STREET ADDRESS	ONE CHASE SQUARE, STE 2400
CITY ST ZIP	ROCHESTER NY
TITLE	AS
NAME	TOMAINO, MARK M
STREET ADDRESS	ONE CHASE SQUARE, STE 2400
CITY ST ZIP	ROCHESTER NY
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS (# 12)

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☒ Change ☐ Addition
NAME	McCluski, Stephen C.
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

14. I hereby certify that the information supplied with this report is accurate, complete and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. Further, I 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 of this report or is added herein.

SIGNATURE: X Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 716-338-6000
Date Daytime Phone #

0476917 FP