

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000002780 (4)

1. Corporation 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

2. Principal Place of Business

21 One Bausch & Lomb Place

2a. Mailing Address

26 See #2

Suite, Apt. #, etc.

22 c/o Tax Dept.

Suite, Apt. #, etc.

27 City & State

23 Rochester, NY

28 Zip

24 14504-2701

25 Country

USA

29 Zip

30 Country

3. Date Incorporated or Qualified

05/26/1994

3a. Date of Last Report

05/01/1995

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 liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	PD	DOZIER, ALAN P	8500 HIDDEN RIVER PKWY TAMPA FL	<input type="checkbox"/>
	ASD	MULLEN, JOHN E	8500 HIDDEN RIVER PKWY TAMPA FL	<input type="checkbox"/>
	SD	HELLRUNG, STEPHEN A	ONE CHASE SQUARE, STE 2400 ROCHESTER NY	<input type="checkbox"/>
	TD	MCCLUSKI, STEPHEN C	ONE CHASE SQUARE, STE 2400 ROCHESTER NY	<input type="checkbox"/>
	AS	TOMAINO, MARK M	ONE CHASE SQUARE, STE 2400 ROCHESTER NY	<input type="checkbox"/>
				<input type="checkbox"/>

13.

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

One Bausch & Lomb Place  
Rochester, NY 14604

One Bausch & Lomb Place  
Rochester, NY 14604-2701

One Bausch & Lomb Place  
Rochester, NY 14604-2701

AS  
Dawn Larson  
8500 Hidden River Parkway  
Tampa, FL 33637

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or is changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan H. Resnick

3/5/96

716-338-6000

Date

Daytime Phone #

CR2E034 (12/95)