

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 03 1997 8:00am
Secretary of State

DOCUMENT # F95000001471 (0)

1. Corporation Name
STORZ INSTRUMENT COMPANY



Principal Place of Business
**3365 TREE COURT INDUSTRIAL BOULEVARD
ST. LOUIS MO 63122**

Mailing Address
**3365 TREE COURT INDUSTRIAL BOULEVARD
ST. LOUIS MO 63122**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

Five Giralda Farms

28

City & State

Madison, NJ 07940

29

Zip

Country

30

3. Date Incorporated or Qualified

03/28/1995

3a. Date of Last Report

04/24/1996

4. FEI Number

43-0831947

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

~~**The Prentice-Hall Corporation System, Inc.**~~

82 Street Address (P.O. Box Number is Not Acceptable)

~~**1201 Hays Street**~~

83

~~**Suite 105**~~

84 City

~~**Tallahassee**~~

85

Zip Code

~~**FL 32301**~~

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **BLANKMEYER, R H**
STREET ADDRESS **3365 TREE COURT INDUSTRIAL BLVD**
CITY-ST-ZIP **ST. LOUIS MO**

TITLE **V** ☒ DELETE

NAME **ALIOTO, S J**
STREET ADDRESS **3365 TREE COURT INDUSTRIAL BLVD**
CITY-ST-ZIP **ST. LOUIS MO 63122**

TITLE **S** ☒ DELETE

NAME **BRENNAN, A C**
STREET ADDRESS **ONE CYANAMID PLAZA**
CITY-ST-ZIP **WAYNE NJ 07470**

TITLE **T** ☒ DELETE

NAME **RITTER, R T**
STREET ADDRESS **ONE CYANAMID PLAZA**
CITY-ST-ZIP **WAYNE NJ 07470**

TITLE **C** ☒ DELETE

NAME **BETHUNE, D R**
STREET ADDRESS **ONE CYANAMID PLAZA**
CITY-ST-ZIP **WAYNE NJ 07470**

TITLE **D** ☒ DELETE

NAME **FREES, V J**
STREET ADDRESS **3365 TREE COURT INDUSTRIAL BLVD**
CITY-ST-ZIP **ST. LOUIS MO 63122**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **V**
2.3 STREET ADDRESS **POLITOWSKI, A J**
2.4 CITY-ST-ZIP **3365 Tree Court Industrial Blvd.
St. Louis, MO 63120**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **S**
3.3 STREET ADDRESS **LACH, E M**
3.4 CITY-ST-ZIP **Five Giralda Farms
Madison, NJ 07940**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **AT**
4.3 STREET ADDRESS **SAMUEL, C M**
4.4 CITY-ST-ZIP **Five Giralda Farms
Madison, NJ 07940**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **AS**
5.3 STREET ADDRESS **BERG, E E**
5.4 CITY-ST-ZIP **Five Giralda Farms
Madison, NJ 07940**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **D**
6.3 STREET ADDRESS **Stafford, J R**
6.4 CITY-ST-ZIP **Five Giralda Farms
Madison, NJ 07940**

14. I do 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.

SIGNATURE:

Assistant Treasurer

7/27/97 (973) 660-5076

CR2E034 (4/97)

STORZ INSTRUMENT COMPANY

OFFICERS

<u>Title</u>	<u>Name</u>	<u>Address</u>
President	Blankemeyer, R.H.	3365 Tree Court Blvd. St. Louis, MO 63122
Vice President - Finance	Politowski, A.J.	3365 Tree Court Blvd. St. Louis, MO 63122
Vice President	Nee, T.M.	Five Giralda Farms Madison, NJ 07940
Vice President	DeGroodt, W.A.	3365 Tree Court Blvd. St. Louis, MO 63122
Vice President	Mahmood, A.B.	3365 Tree Court Blvd. St. Louis, MO 63122
Secretary	Lach, E.M.	Five Giralda Farms Madison, NJ 07940
Treasurer	O'Connor, J.M.	Five Giralda Farms Madison, NJ 07940
Assistant Treasurer	Samuel, C.M.	Five Giralda Farms Madison, NJ 07940
Assistant Secretary	Berg, E.E.	Five Giralda Farms Madison, NJ 07940
Assistant Secretary	Kelly, W.P.	Five Giralda Farms Madison, NJ 07940
Assistant Secretary	Des Rosier, T.	Five Giralda Farms Madison, NJ 07940

STORZ OPHTHALMICS, INC

DIRECTORS

<u>Name</u>	<u>Address</u>
Stafford, J. R.	Five Giralda Farms Madison NJ 07940
Blount, R. G.	Five Giralda Farms Madison, NJ 07940
Hoynes Jr., L.L.	Five Giralda Farms Madison, NJ 07940