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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

E05000003445 (2)

1. Corporation POLYM	Name		LOGY CORPO				. 44 mi 44 mi 4	(8/88 A)(() B)8/4	81831 BHI 1361				
Principal Place	of Business			 N	Mailing Address							 	01001 01 1 1001
1 CHASE SOUARE PO BOX 54					1-CHASE SOUARE PO-BOX 54								
ROCHESTER	NY 14601-0)54			ROCHESTER NY 146	01-0054							
										3. Date Incorporated or Qualified 07/18/1995	3a. Dat	e of Last Re	port
2. Principal Pla	ace of Busine	ess		28	a. Mailing Address					4. FEI Number		A	upplied For
One Bausch & Lomb Place					26 Same as #2					04-2802091			lot Applicable
Suite, Apt. #, etc. 22 c/o Tax Dept.					Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required
City & State		•		27	City & State					6. Election Campaign Financing			May Be
	ster, N	Y		28	28					Trust Fund Contribution			to Fees
Zip 14604-	-2701	(Dountry		Zip		Country			8. This corporation has liability for	intangible ! 	tax under s	199.032,
24 14004-			Address of Curren	29 Reg	J	30	—-т			Florida Statutes Yes 10. Name and Address of New F		Agent	
	9, Name	and	Address of Correct	ineg	istereo Agent		81	Name				.2.14.2	
C T CORPORATION SYSTEM								Street	Addres	s (P.O. Box Number is Not Acceptal	ole)		
1200 SOUTH PINE ISLAND ROAD													
PLANTA	ATION FL 3	3324	ı				83						
							84	City			FI	85 Zr	Code
11. Pursuant t	to the provisi	ons c	of Sections 607.0502	and 6	607.1508, Florida Statu	utes, the	above	named co	orporal	ion submits this statement for the pu	roose of c	nangino its n	egistered office
or register	ad saant or	both	in the State of Floric	ta San	ich change was author 7.0505, Florida Statute	nzert by	the corp	oration's	s board	of directors. Thereby accept the app	ontment a	is registereo	agent. ram
SIGNATURE													
12.	Signature, typod	or print	ed name of registered agent OFFICERS ANI			NOTE Big	stered Age 13.	t signature i	report is	# eurenstaling" ADDITIONS/CHANGES TO OFF	DATE ICERS AN	D DIRECTO	RS IN 12
TITLE	DC				☐ DELETE		1. 1 TITLE]			Change	Addition
NAME			CARL E				1.2 NAME		ŀ				
STREEL ADDRESS 1 CHASE SQUARE PO BOX ROCHESTER NY 14601-0054								GET ADDRESS One Bausch & Lom					
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CHTY+ST-ZIP TITLE	8				☐ DELETE		4. 1 THEF	71 A.J	·			X Change	Addition
NAME	GEISE						4.2 NAME						
S1RE£1 ADDRESS	1		QUARE PO BOX				4.3 STREE	ADDRESS		ne Bausch & Lomb Pl			
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NAME STREET ADDRESS			QUARE PO BOX	54		ı		ADDRESS	Or	ne Bausch & Lomb Pl	ace		
CITY-ST-Z:P			R NY 14601-0054			- 1	54 CITY-			chester, NY 14604-			
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NAME			ALAN H	F.4		l	6.2 NAME			on Downsk & Took Di			
STREET ADDRESS			SQUARE PO BOX					LADDRESS	1	ne Bausch & Lomb Pl			
CITY-ST-ZIP	HUUH	colt	R NY 14601-0054) ————			6 4 CITY -	SI-ZIP	⊥ K¢	chester, NY 14604-	∠{UL	The state Oxide	La Lindbox

14. I do hereby certify that the information supplied with this filing is vo'untarily furnished and does not qualify for true exemptions 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 if charbud, or on an attachment with an address.

Alan H Resnick 3/5/96 716–338–6000

SIGNATURE:

SIGNATURE

SIGNATURE

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CR2E034 (12/95)