2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State
09-16-2002 90096 041 ***550.00

DOCUMENT # F99000002718

1. Entity Name
STAAR SURGICAL COMPANY

Principal Place of Business	Mailing Address
1911 WALKER AVE. MONROVIA CA 91016	1911 WALKER AVE. MONROVIA CA 91016

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 95-3797439 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 13, 2002 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOLF, JOHN R 1496 BEDFOD ROAD SAN MARINO CA 91108	☑ Delete	V JOHN BILY 1911 WALKER AVE. MONROVIA, CA. 91016	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEITZ, MICHAEL R 1911 WALKER AVE. MONROVIA CA 91016	☑ Delete	V JOHN SANTOS 1911 WALKER AVE. MONROVIA, CA. 91016	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. SANDERS, DONALD 1911 WALKER AVE. MONROVIA CA 91016	☑ Delete	V HELENE LAMIELLE 1911 WALKER AVE. MONROVIA, CA. 91016	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT HUDDLESTON, WILLIAM C 1911 WALKER AVE. MONROVIA CA 91016	☑ Delete	D VOLKER ANHAEUSSER 1911 WALKER AVE. MONROVIA, CA. 91016	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD BAILEY, DAVID 1911 WALKER AVE MONROVIA CA 91016	☐ Delete	D PETER UTRATA 1911 WALKER AVE. MONROVIA, CA. 91016	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILBERT, JOHN R 1911 WALKER AVENUE MONROVIA CA 91016	☐ Delete	D DAVID MORRISON 1911 WALKER AVE. MONROVIA, CA. 91016	☐ Change	☑ Addition

CR2E034 (4/02)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ 9/10/02 626-303-7902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #