FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P06804** **(9)**

1. Corporation Name

BAUSCH & LOMB PHARMACEUTICALS, INC.

Principal Place of Business	Mailing Address
1 LINCOLN FIRST SQUARE, PO BOX 54 ROCHESTER NY 14601-7054	1 LINCOLN FIRST SQUARE, PO BOX 54 ROCHESTER NY 14601-7054

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/19/1985**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: **59-2551652** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~TD~~	11 TITLE	P	☐ Change ☒ Addition
NAME	~~REGNICK, ALAN H.~~	12 NAME	Dozier, Alan P.	
STREET ADDRESS	~~4213 ST PAUL BLVD~~	13 STREET ADDRESS	4602 S. Datura Street	
CITY-ST-ZIP	~~ROCHESTER NY~~	14 CITY ST ZIP	Tampa, FL 33611	
TITLE	~~SD~~	21 TITLE	T	☐ Change ☒ Addition
NAME	~~GEISEL, JEAN F.~~	22 NAME	Larson, Dawn	
STREET ADDRESS	~~130 SHELDON RD~~	23 STREET ADDRESS	12435 Kelso Road	
CITY-ST-ZIP	~~HONEOYE FALLS NY~~	24 CITY ST ZIP	Thonotosaasa, FL 33592	
TITLE	VP	31 TITLE	SD	☒ Change ☐ Addition
NAME	HELLRUNG, STEPHEN A	32 NAME		
STREET ADDRESS	4230 EAST AVE	33 STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER NY	34 CITY ST ZIP		
TITLE	~~AS~~	41 TITLE	ASD	☐ Change ☒ Addition
NAME	~~MULLEN, JOHN EDMUND~~	42 NAME	Caracciolo, Anthony D.	
STREET ADDRESS	~~5005 LANDONDERRY DR~~	43 STREET ADDRESS	13613 Lytton Way	
CITY-ST-ZIP	~~TAMPA FL~~	44 CITY ST ZIP	Tampa, FL 33624	
TITLE	~~D~~	51 TITLE		☐ Change ☐ Addition
NAME	~~JOHNSON, HAROLD D~~	52 NAME		
STREET ADDRESS	~~1400 N GOODMAN ST~~	53 STREET ADDRESS	See Attached Schedules	
CITY-ST-ZIP	~~ROCHESTER NY~~	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY ST ZIP		

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)(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: X [signature] Secretary 4/25/95 716-338-6000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0478020 FP

BAUSCH & LOMB PHARMACEUTICALS, INC.
ROCHESTER, NEW YORK
NAMES AND RESIDENCE ADDRESSES OF OFFICERS

Title	*Name*	*Residence*	*Address*
President	Alan P. Dozier	4602 S. Datura Street	Tampa, FL 33611
Treasurer	Dawn Larson	12435 Kelso Road	Thonotosassa, FL 33592
Secretary	Stephen A. Hellrung	4230 East Avenue	Rochester, NY 14618
Assistant Secretary	Anthony D. Caracciolo	13613 Lytton Way	Tampa, FL 33624

BAUSCH & LOMB PHARMACEUTICALS, INC.
ROCHESTER, NEW YORK
NAMES AND RESIDENCE ADDRESSES OF DIRECTORS

Name	*Address*	*City, State, Zip*
Alan P. Dozier	4602 S. Datura Street	Tampa, FL 33611
Stephen A. Hellrung	4230 East Avenue	Rochester, NY 14618
Anthony D. Caracciolo	13613 Lytton Way	Tampa, FL 33624