

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P06804** (9)

1. Corporation Name
BAUSCH & LOMB PHARMACEUTICALS, INC.



| | |
|---|---|
| Principal Place of Business ONE BAUSCH & LOMB PLACE C/O TAX DEPT ROCHESTER NY 14604-2701 US | Mailing Address ONE BAUSCH & LOMB PLACE C/O TAX DEPT ROCHESTER NY 14604-2701 US |
|---|---|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 07/19/1985 | 3a. Date of Last Report 03/18/1996 |
| 4. FEI Number 59-2551652 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | DOZIER, ALAN P. |
| STREET ADDRESS | 4802 S. DATURA ST. |
| CITY-ST-ZIP | TAMPA FL |
| TITLE | T <input type="checkbox"/> DELETE |
| NAME | LARSON, DAWN |
| STREET ADDRESS | 12435 KELSO RD. |
| CITY-ST-ZIP | THONOTOSASSA FL |
| TITLE | SD <input type="checkbox"/> DELETE |
| NAME | HELLRUNG, STEPHEN A |
| STREET ADDRESS | 4230 EAST AVE |
| CITY-ST-ZIP | ROCHESTER NY |
| TITLE | ASD <input type="checkbox"/> DELETE |
| NAME | CARACCOLO, ANTHONY D. |
| STREET ADDRESS | 13613 LYTTON WAY |
| CITY-ST-ZIP | TAMPA FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | T |
| 5.3 STREET ADDRESS | Resnick, Alan H. |
| 5.4 CITY-ST-ZIP | 4213 St. Paul Blvd. Rochester, NY 14617 |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | See |
| 6.3 STREET ADDRESS | Attached |
| 6.4 CITY-ST-ZIP | Schedules |

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, as changed, or on an attachment with an address.

SIGNATURE: **X**  **ALAN H. RESNICK** 4.14.97 716-338-6000

CR2E034 (9/96)

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

| <i>Name and Title</i> | <i>Business Address</i> |
|---|--|
| Thomas M. Riedhammer President | 8500 Hidden River Parkway Tampa, FL 33637 |
| Eileen Farinacci Vice President | 8500 Hidden River Parkway Tampa, FL 33637 |
| Alan H. Resnick Treasurer | One Bausch & Lomb Place Rochester, NY 14604-2701 |
| Ed Mullen Assistant Treasurer | Brunsbütteler Damm 165-173 Postfach 200456 13851 Berlin, Germany |
| Stephen A. Hellrung Secretary | One Bausch & Lomb Place Rochester, NY 14604-2701 |
| David F. Jarosz Assistant Secretary | 8500 Hidden River Parkway Tampa, FL 33637 |

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

Name and Business Address

Thomas M. Riedhammer
8500 Hidden River Parkway
Tampa, FL 33637

Stephen A. Hellrung
One Bausch & Lomb Place
Rochester, NY 14604

David F. Jarosz
8500 Hidden River Parkway
Tampa, FL 33637
