

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

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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1985

4. FEI Number

59-2551652

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DOZIER, ALAN P.	
STREET ADDRESS	4602 S. DATURA ST.	
CITY-ST-ZIP	TAMPA FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LARSON, DAWN	
STREET ADDRESS	12435 KELSO RD.	
CITY-ST-ZIP	THONOTOSASSA FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HELLRUNG, STEPHEN A	
STREET ADDRESS	4230 EAST AVE	
CITY-ST-ZIP	ROCHESTER NY	

TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	CARACCOLO, ANTHONY D.	
STREET ADDRESS	13613 LYTON WAY	
CITY-ST-ZIP	TAMPA FL	

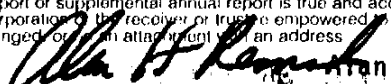
TITLE	T	<input type="checkbox"/> DELETE
NAME	RESNICK, ALAN H	
STREET ADDRESS	4213 ST. PAUL BLVD.	
CITY-ST-ZIP	ROCHESTER NY	

TITLE	P	<input type="checkbox"/> DELETE
NAME	RIEDHAMMER, THOMAS M	
STREET ADDRESS	8500 HIDDEN RIVER PARKWAY	
CITY-ST-ZIP	TAMPA FL	

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Farinacci, Eileen	
1.3 STREET ADDRESS	5023 Southhampton Circle	
1.4 CITY-ST-ZIP	Tampa, FL 33647	
2.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	mulken, Ed	
2.3 STREET ADDRESS	Burgunder Strasse 2A	
2.4 CITY-ST-ZIP	14129 Berlin, Germany	
3.1 TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jarosz, David F	
3.3 STREET ADDRESS	17724 Grey Eagle Circle	
3.4 CITY-ST-ZIP	Tampa, FL 33647	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stiles, Robert B.	
4.3 STREET ADDRESS	1010 Allens Creek Road	
4.4 CITY-ST-ZIP	Rochester, NY 14618	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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; that I am 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 in an attachment to an address.

SIGNATURE:



Alan H. Resnick, Treasurer 4/23/98 (716)338-6000

CR2E034 (10/97)

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

<i>Name and Title</i>	<i>S.S. #</i>	<i>Residence Address</i>
Thomas M. Riedhammer, Ph.D President	068-40-7662	309 Hidden Lake Drive Brandon, FL 33511
Eileen Farinacci Vice President	581-13-6985	5023 Southampton Circle Tampa, FL 33647
Alan H. Resnick Treasurer	023-32-0510	4213 St Paul Blvd. Rochester, NY 14617
Ed Mullen Assistant Treasurer	102-74-4580	Burgunder Strasse 2A 14129 Berlin, Germany
David F. Jarosz Assistant Secretary	120-52-1516	17724 Grey Eagle Circle Tampa, FL 33647

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

Name and Residence Address

Thomas M. Riedhammer
309 Hidden Lake Drive
Brandon, FL 33511

David F. Jarosz
1724 Grey Eagle Circle
Tampa, FL 33647

Robert B. Stiles
1010 Allens Creek Road
Rochester, NY 14618