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

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

DOCUMENT # P06804

BAUSCH & LOMB PHARMACEUTICALS, INC.



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

Katherine Harris

Mailing Address

FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90041 025 ***150.00

ONE BAUSCH & LOMB PLACE C/O TAX DEPT ROCHESTER NY 14604-2701 US		ONE BAUSCH & LOMB PLACE C.O TAX DEPT ROCHESTER NY 14604-2701 US	ROCHESTER NY 14604-2701			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/19/1985				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Numi	ber		Ap	olied For	
21		26			5 9- 255	1652		No	Applicable	
Suite, Apt. #, etc. Suite, Apt. # 22 27					5. Certifcate	S. Certificate of Status Desired				
City & State City & State					6. Election (Campaign Financing		\$5.00	May Be	
23		28			1	nd Contribution		Added t		
Zip	Country	Zip	Country	,	8. This corp	oration owes the cu	rent year Intan	gible		
24	25	29 30]		Personal	Personal Property Tax. Yes No				
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
			81	Name]	
THE	PRENTICE-HALL CORPORATION	n system inc.		<u> </u>						
1201	HAYS STREET		82	Street /	Address (P.O. Box Number is Not Acceptable)					
,	E 105		83							
• • • • • • • • • • • • • • • • • • • •	AHASSEE FL 32301		63	!						
1700	AIROULL IL UZUUT		84	City				85 Zip (Code	
							<u>FL</u>]		
office or r	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth ations of, Section 607.0505, Florida	onzed by a Statutes	the corpo	oration's board of dire	ectors. I hereby acce	ept the appoint	ment as re	gistered	
	Signature, typed or printed name of registered age	<u></u>		nt signature re	equired when reinstating)	IS/CHANGES TO O		DIDECTO	DS IN 12	
12	OFFICERS AI	ND DIRECTORS	13.		5	IS/CHANGES TO O		Change	₩ Addition	
TITLE	V	DELETE	1.1 TITLE		3	- E.		[] Origingo	#3 / Kadinon	
NAME	FARINCINI, EILEEN		1.2 NAME		Geisel Jeo One Bauso	in to	tore			
STREET ADDRESS	5023 SOUTHAMPTON CIRCLE		1.3 STREE	TADORESS	One Bause	h + Lomb	TOLL CO.			
CITY-ST-ZIP	TAMPA FL 33647		1.4 CITY-9	T-ZIP	Rochester,	NY 1440	4-270			
TITLE	AT	☐ DEFETE	2.1 TITLE		,			Change	☐ Addition	
NAME	MULLEN, ED		2.2 NAME							
STREET ADDRESS	BURGUNDER STRASSE DA		2.3 STREE	T ADDRESS						
	14129 BERLIN GE		2. 4 CITY-							
CITY-ST-ZIP	ASD	☐ DELETE	3.1 TITLE					Change	Addition	
	JAROSZ, DAVID F.	- J J	3.2 NAME							
NAME .		,	1	T ADDOCCO						
STREET ADDRESS	17724 GREY EAGLE CIRCLE			T ADDRESS						
CITY-ST-ZIP	TAMPA FL 33647	☐ DELETE	3.4. CITY-1	81-ZIP				Change	Addition	
TITLE .	D OTHER PARENT B	L) DELETE							<u> </u>	
NAME	STILES, ROBERT B.		4.2 NAME							
STREET ADDRESS	1010 ALLENS CREEK ROAD		4.3 STREE	TADORESS						
CiTY-ST-ZIP	ROCHESTER NY 14618	<u></u>	4.4 CITY-5	ST-ZIP						
TITLE	TD	☐ DELETE	5.1 TITLE					Change	☐ Addition	
NAME	RESNICK, ALAN H		5.2 NAME							
STREET ADDRESS	4213 ST. PAUL BLVD.		5.3 STREE	TADDRESS						
CITY-ST-ZIP	ROCHESTER NY		5.4 CITY- 8	ST-ZIP						
TITLE	P	☐ DELETE	6.1 TITLE		D			Change	Addition	
	RIEDHAMMER, THOMAS M	_	6.2 NAME							
NAME	NICUTAMMEN, INCMAS M GEAR LIDDEN OFFER DARGES	v		TADORESS						
STREET ADDRESS		LT.								
CITY-ST-ZIP	Tampa Fl		6.4 CITY-5	01-ZIP						

14. 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 if changed, or of an attachment with an address, with all other like empowered.

SIGNATURE:

WWWE REQUIRED

4/22/99

716-338-6000

CR2E034 (11/98)

BAUSCH & LOMB PHARMACEUTICALS, INC. ROCHESTER, NEW YORK

545357-90041-25

DO#PORT

NAMES & ADDRESSES OF OFFICERS

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Ed Mullen	Alan H. Resnick	Eileen Farinacci	Thomas M. Riedhammer President
Assistant Treasurer	Treasurer	Vice President	
Brunsbitteler Damm 165-173 Postfach 200456 13851 Berlin, Germany	One Bausch & Lomb Place Rochester, NY 14604-2701	8500 Hidden River Parkway Tampa, FL 33637	8500 Hidden River Parkway Tampa, FL 33637

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

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

Robert B. Stiles
One Bausch & Lomb Place
Rochester, NY 14604-2701

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