

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 07, 2001 8:00 am**  
**Secretary of State**

06-07-2001 90005 016 \*\*\*150.00

**DOCUMENT # P06804**

1. Entity Name  
**BAUSCH & LOMB PHARMACEUTICALS, INC.**



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2551652**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

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

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.

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!**  
**After MAY 1, 2001**  
**Make Check Payable to**

**FEE IS \$150.00**  
**FEE will be \$550.00**  
**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	VP	<input type="checkbox"/> Delete
NAME	PARINACCI, EILEEN	
STREET ADDRESS	8500 HIDDEN RIVER PARKWAY	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	AT	<input type="checkbox"/> Delete
NAME	MULLEN, ED	
STREET ADDRESS	BRUNSBITTELER DAMM 165-173	
CITY-ST-ZIP	BERLIN GE 13851	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	JAROSZ, DAVID F.	
STREET ADDRESS	8500 HIDDEN RIVER PARKWAY	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	D	<input type="checkbox"/> Delete
NAME	STILES, ROBERT B	
STREET ADDRESS	ONE BAUSCH & LOMB PLACE	
CITY-ST-ZIP	ROCHESTER NY 14604	
TITLE	T	<input type="checkbox"/> Delete
NAME	RESNICK, ALAN H	
STREET ADDRESS	ONE BAUSCH & LOMB PLACE	
CITY-ST-ZIP	ROCHESTER NY 14604	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIEDHAMMER, THOMAS M	
STREET ADDRESS	8500 HIDDEN RIVER PARKWAY	
CITY-ST-ZIP	TAMPA FL	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Geisel, Jean F.	
STREET ADDRESS	One Bausch + Lomb Place	
CITY-ST-ZIP	Rochester, NY 14604-2701	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aron, Gary m.	
STREET ADDRESS	1400 W. Goodman St.	
CITY-ST-ZIP	Rochester, NY	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that no of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address with another like empowered.

SIGNATURE: *Alan H Resnick*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER & DIRECTOR

*Alan H Resnick* 6.1.01 (716) 338-6000  
 Date Daytime Phone #

CR2E034 (10/00)

Attachment

Doc. # 006804  
772485  
04 June, 2001

## Directors, Officers Report

### BAUSCH & LOMB PHARMACEUTICALS, INC.

#### DIRECTORS

<b>David F. Jarosz</b>	<b>Director</b>
Primary Address:	8500 Hidden River Parkway Tampa, FL 33637 US
<b>Gary M. Aron</b>	<b>Director</b>
Primary Address:	Bausch & Lomb Incorporated 1400 North Goodman Street Rochester, NY 14609 USA
<b>Robert B. Stiles</b>	<b>Director</b>
Primary Address:	Bausch & Lomb Incorporated One Bausch & Lomb Place Rochester, NY 14604-2701 USA

#### OFFICERS

<b>David F. Jarosz</b>	<b>President</b>
Primary Address:	8500 Hidden River Parkway Tampa, FL 33637 US
<b>Eileen Farinacci</b>	<b>Vice President</b>
Primary Address:	None given
<b>Alan H. Resnick</b>	<b>Treasurer</b>
Primary Address:	Bausch & Lomb Inc. One Bausch & Lomb Place Rochester, NY 14604-2701
<b>Jean F. Geisel</b>	<b>Secretary</b>
Primary Address:	Bausch & Lomb Incorporated One Bausch & Lomb Place Rochester, NY 14604-2701 USA
<b>Ed Mullen</b>	<b>Assistant Secretary &amp; Treasurer</b>
Primary Address:	None given