

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91701 039 ***150.00

DOCUMENT # P06804

1. Entity 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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2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2551652**

Applied For
Not Applicable

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 _____ (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!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP	<input checked="" type="checkbox"/> Delete
NAME PARINACCI, EILEEN	
STREET ADDRESS 8500 HIDDEN RIVER PARKWAY	
CITY-ST-ZIP TAMPA FL 33637	
TITLE AT	<input checked="" type="checkbox"/> Delete
NAME MULLEN, ED	
STREET ADDRESS BRUNSBITTELER DAMM 165-173	
CITY-ST-ZIP BERLIN GE 13851	
TITLE ASD	<input checked="" 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 S	<input type="checkbox"/> Delete
NAME GEISEL, JEAN J	
STREET ADDRESS ONE BAUSCH & LOMB PLACE	
CITY-ST-ZIP ROCHESTER NY 14604-2701	

TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Sieczkarek, Mark M.	
STREET ADDRESS One Bausch & Lomb Place	
CITY-ST-ZIP Rochester, NY 14604-2701	
TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Bailey, A. Robert D.	
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 Aaron, Gary M.	
STREET ADDRESS 1400 North Goodman Street	
CITY-ST-ZIP Rochester, NY 14609	
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 the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Y  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

5-6-02 **585338 6000**
 Date Daytime Phone #

CR2E034 (9/01)

Attachment
#PO6804

Directors, Officers Report

BAUSCH & LOMB PHARMACEUTICALS, INC.

Thursday, April, 2002

DIRECTORS

Gary M. Aron

Director

Effective: Monday, October, 2000

Primary Address: Bausch & Lomb Incorporated
1400 North Goodman Street
Rochester, NY 14609 USA

Mark M. Sieczkarek

Director

Effective: Thursday, April, 2002

Primary Address: Bausch & Lomb Incorporated
One Bausch & Lomb Place
Rochester, New York 14604-2701 USA

Robert B. Stiles

Director

Effective: Friday, September, 1997

Primary Address: Bausch & Lomb Incorporated
One Bausch & Lomb Place
Rochester, NY 14604-2701 USA

OFFICERS

Mark M. Sieczkarek

President

Effective: Thursday, April, 2002

Primary Address: Bausch & Lomb Incorporated
One Bausch & Lomb Place
Rochester, New York 14604-2701 USA

Robert B. Stiles

Vice President

Effective: Thursday, April, 2002

Primary Address: Bausch & Lomb Incorporated
One Bausch & Lomb Place
Rochester, NY 14604-2701 USA

Alan H. Resnick

Treasurer

Effective: Tuesday, January, 1901

Primary Address: Bausch & Lomb Inc.
One Bausch & Lomb Place
Rochester, NY 14604-2701

Jean F. Geisel

Secretary

Effective: Friday, September, 1997

Primary Address: Bausch & Lomb Incorporated
One Bausch & Lomb Place
Rochester, NY 14604-2701 USA

A. Robert D. Bailey

Assistant Secretary

Effective: Thursday, April, 2002

Primary Address: Bausch & Lomb Incorporated
One Bausch & Lomb Place
Rochester, NY 14604-2701 USA

BAUSCH & LOMB PHARMACEUTICALS, INC.

Attachment A

J. Robert Hernandez

Effective: Thursday, April, 2002

Primary Address: None given

Assistant Secretary & Assistant Treasurer

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