

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P16036 (6)

1. Corporation Name
STORZ OPHTHALMICS, INC.

Principal Place of Business Mailing Address
**3365 TREE CT. IND'L BLVD.
ST. LOUIS MO 63122
US** **ONE CYANAMID PLAZA
WAYNE NJ 07470**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/21/1987** 3a. Date of Last Report **07/07/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		22-2808075		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under S. 169.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKEMEYER, R.	1.2 NAME	Blankemeyer, R.
STREET ADDRESS	3365 TREE CT. IND'L BLVD.	1.3 STREET ADDRESS	3365 Tree Ct. Ind'l Blvd.
CITY - ST - ZIP	ST. LOUIS MO	1.4 CITY - ST - ZIP	St. Louis, MO
TITLE	V	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALJOTO, S. J.	2.2 NAME	Nee, T. M.
STREET ADDRESS	3365 TREE CT. IND'L BLVD.	2.3 STREET ADDRESS	Five Giralda Farms
CITY - ST - ZIP	ST. LOUIS MO	2.4 CITY - ST - ZIP	Madison, NJ 07940
TITLE	S	3.1 TITLE	S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNAN, A C	3.2 NAME	Emerling, C. G.
STREET ADDRESS	ONE CYANAMID PLZ	3.3 STREET ADDRESS	Five Giralda Farms
CITY - ST - ZIP	WAYNE NJ	3.4 CITY - ST - ZIP	Madison, NJ 07940
TITLE	T	4.1 TITLE	AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, T. D	4.2 NAME	Samuel, C. M.
STREET ADDRESS	ONE CYANAMID PLAZA	4.3 STREET ADDRESS	One Cyanamid Plaza
CITY - ST - ZIP	WAYNE NJ	4.4 CITY - ST - ZIP	Wayne, NJ 07470
TITLE	D	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETHUNE, D. R	5.2 NAME	Stafford, J. R.
STREET ADDRESS	ONE CYANAMID PLACE	5.3 STREET ADDRESS	Five Giralda Farms
CITY - ST - ZIP	WAYNE NJ	5.4 CITY - ST - ZIP	Madison, NJ 07940
TITLE	D	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLBERGER, L.	6.2 NAME	Blount, R. G.
STREET ADDRESS	ONE CYANAMID PLAZA	6.3 STREET ADDRESS	Five Giralda Farms
CITY - ST - ZIP	WAYNE NJ	6.4 CITY - ST - ZIP	Madison, NJ 07940

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 on an attachment with an address.

SIGNATURE:

Charles M. Samuel

Charles M. Samuel

4/22/95

(201) 831-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Treasurer

Daytime Phone #