

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P16036 (6)

1. Corporation Name
STORZ OPHTHALMICS, INC.



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

3. Date Incorporated or Qualified: **09/21/1987**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **22-2808075**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	BLANKEMEYER, R. 3365 TREE CT. IND'L BLVD. ST. LOUIS MO	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	ALIOTO, S. J. 5 GIRALDA FARMS MADISON NJ	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S	BRENNAN, A C 5 GIRALDA FARMS MADISON NJ	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T	MARTIN, T. D. ONE CYANAMID PLACE WAYNE NJ	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D	BETHUNE, D. R. 5 GIRALDA FARMS MADISON NJ	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D	ELLBERGER, L. 5 GIRALDA FARMS MADISON NJ	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

1. TITLE: P	Blankemeyer, R. 3365 Tree Ct. Industrial Blvd. St. Louis, MO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE: VP	Nee, T.M. Five Giralda Farms Madison, NJ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3. TITLE: S	Emerling, C.G. Five Giralda Farms Madison, NJ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4. TITLE: AT	Samuel, C.M. One Cyanamid Plaza Wayne, NJ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5. TITLE: D	Stafford, J.R. Five Giralda Farms Madison, NJ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. TITLE: D	Blount, R.G. Five Giralda Farms Madison, NJ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 119.07(3)(k) 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles M. Samuel 4/3/96 (201)831-2000
Asst. Treasurer Date Daytime Phone #

CR2E034 (12/95)