

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortimer

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

2a. Mailing Address

21

26

4. FEI Number

22-2808075

Applied For

Not Applicable

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

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

FL

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, if not applicable

(If 81b, Registered Agent is a corporation, required when not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLANKEMEYER, R.	
STREET ADDRESS	3365 TREE CT. IND'L BLVD.	
CITY- ST- ZIP	ST. LOUIS MO	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ALIOTO, S. J	
STREET ADDRESS	5 GIRALDA FARMS	
CITY- ST- ZIP	MADISON NJ	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BRENNAN, A C	
STREET ADDRESS	5 GIRALDA FARMS	
CITY- ST- ZIP	MADISON NJ	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, T. D	
STREET ADDRESS	ONE CYANAMID PLACE	
CITY- ST- ZIP	WAYNE NJ	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BETHUNE, D. R	
STREET ADDRESS	5 GIRALDA FARMS	
CITY- ST- ZIP	MADISON NJ	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELLBERGER, L.	
STREET ADDRESS	5 GIRALDA FARMS	
CITY- ST- ZIP	MADISON NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles M. Samuel
Asst. Treasurer

4/3/96 (201)831-2000

Daytime Phone

CR2E034 (12/95)