

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
4. FEI Number 22-2808075	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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: _____ (NO. 1 Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" 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. Industrial Blvd.
CITY-ST-ZIP	ST. LOUIS MO	1.4 CITY-ST-ZIP	St. Louis, MO
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALIOTO, S. J.	2.2 NAME	Nee, T.M.
STREET ADDRESS	5 GIRALDA FARMS	2.3 STREET ADDRESS	Five Giralda Farms
CITY-ST-ZIP	MADISON NJ	2.4 CITY-ST-ZIP	Madison, NJ
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENNAN, A C	3.2 NAME	Emerling, C.G.
STREET ADDRESS	5 GIRALDA FARMS	3.3 STREET ADDRESS	Five Giralda Farms
CITY-ST-ZIP	MADISON NJ	3.4 CITY-ST-ZIP	Madison, NJ
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, T. D	4.2 NAME	Samuel, C.M.
STREET ADDRESS	ONE CYANAMID PLACE	4.3 STREET ADDRESS	One Cyanamid Plaza
CITY-ST-ZIP	WAYNE NJ	4.4 CITY-ST-ZIP	Wayne, NJ
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETHUNE, D. R	5.2 NAME	Stafford, J.R.
STREET ADDRESS	5 GIRALDA FARMS	5.3 STREET ADDRESS	Five Giralda Farms
CITY-ST-ZIP	MADISON NJ	5.4 CITY-ST-ZIP	Madison, NJ
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLBERGER, L.	6.2 NAME	Blount, R.G.
STREET ADDRESS	5 GIRALDA FARMS	6.3 STREET ADDRESS	Five Giralda Farms
CITY-ST-ZIP	MADISON NJ	6.4 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: **Charles M. Samuel** 4/3/96 (201)831-2000
Asst. Treasurer Date Daytime Phone #

CR2E034 (12/95)