

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

Mailing Address

**3365 TREE CT. IND'L BLVD.
ST. LOUIS MO 63122
US**

**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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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

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 and title if applicable

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **BLANKEMEYER, R.**
CITY-ST-ZIP **3365 TREE CT. IND'L BLVD.
ST. LOUIS MO**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Blankemeyer, R.**
1.3 STREET ADDRESS **3365 Tree Ct. Industrial Blvd.**
1.4 CITY-ST-ZIP **St. Louis, MO**

TITLE ☒ DELETE
NAME **V**
STREET ADDRESS **ALIOTO, S. J**
CITY-ST-ZIP **5 GIRALDA FARMS
MADISON NJ**

2.1 TITLE **VP** ☐ Change ☒ Addition
2.2 NAME **Nee, T.M.**
2.3 STREET ADDRESS **Five Giralda Farms**
2.4 CITY-ST-ZIP **Madison, NJ**

TITLE ☒ DELETE
NAME **S**
STREET ADDRESS **BRENNAN, A C**
CITY-ST-ZIP **5 GIRALDA FARMS
MADISON NJ**

3.1 TITLE **S** ☐ Change ☒ Addition
3.2 NAME **Emerling, C.G.**
3.3 STREET ADDRESS **Five Giralda Farms**
3.4 CITY-ST-ZIP **Madison, NJ**

TITLE ☒ DELETE
NAME **T**
STREET ADDRESS **MARTIN, T. D**
CITY-ST-ZIP **ONE CYANAMID PLACE
WAYNE NJ**

4.1 TITLE **AT** ☐ Change ☒ Addition
4.2 NAME **Samuel, C.M.**
4.3 STREET ADDRESS **One Cyanamid Plaza**
4.4 CITY-ST-ZIP **Wayne, NJ**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **BETHUNE, D. R**
CITY-ST-ZIP **5 GIRALDA FARMS
MADISON NJ**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Stafford, J.R.**
5.3 STREET ADDRESS **Five Giralda Farms**
5.4 CITY-ST-ZIP **Madison, NJ**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **ELLBERGER, L.**
CITY-ST-ZIP **5 GIRALDA FARMS
MADISON NJ**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Blount, R.G.**
6.3 STREET ADDRESS **Five Giralda Farms**
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles M. Samuel
Asst. Treasurer

4/3/96 (201)831-2000

Date

Daytime Phone #

CR2E034 (12/95)