


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 07470-2012**

3. Date of Incorporation or Qualified: **09/27/1987** 3. Date of Report: **04/24/1996**

21. Principal Place of Business	2a. Mailing Address	4. FFL Number: 22-2808075	Applied For: <input type="checkbox"/>
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	28. Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	29. Country		

8. Name and Address of Current Registered Agent: **THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent:

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BLANKEMEYER, R.		1.2 NAME	
STREET ADDRESS: 3365 TREE CT. IND'L BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP: ST. LOUIS MO		1.4 CITY-ST-ZIP	
TITLE: VP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: NEE, T. M.	<input type="checkbox"/> DELETE	2.2 NAME	
STREET ADDRESS: FIVE GIRALDA FARMS		2.3 STREET ADDRESS	
CITY-ST-ZIP: MADISON N		2.4 CITY-ST-ZIP	
TITLE: S		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: EMERLING, C. G.	<input type="checkbox"/> DELETE	3.2 NAME	Lach, E.M.
STREET ADDRESS: FIVE GIRALDA FARMS		3.3 STREET ADDRESS	Five Giralda Farms
CITY-ST-ZIP: MADISON N		3.4 CITY-ST-ZIP	Madison, NJ 07940
TITLE: AT		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SAMUEL, C. M.	<input type="checkbox"/> DELETE	4.2 NAME	Samuel, C.M.
STREET ADDRESS: ONE CYANAMID PLACE		4.3 STREET ADDRESS	Five Giralda Farms
CITY-ST-ZIP: WAYNE NJ		4.4 CITY-ST-ZIP	Madison, NJ 07940
TITLE: D		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STAFFORD, R. J.	<input type="checkbox"/> DELETE	5.2 NAME	
STREET ADDRESS: 5 GIRALDA FARMS		5.3 STREET ADDRESS	
CITY-ST-ZIP: MADISON NJ		5.4 CITY-ST-ZIP	
TITLE: D		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BLOUNT, R. G.	<input type="checkbox"/> DELETE	6.2 NAME	
STREET ADDRESS: 5 GIRALDA FARMS		6.3 STREET ADDRESS	
CITY-ST-ZIP: MADISON NJ		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **Assistant Treasurer** 4/29/97 (201) 660-
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone No. 002255 076

CR2E034 (9/96)

STORZ OPHTHALMICS, INC

OFFICERS

Title	Name	Address
President	Blankemeyer, R.H.	3365 Tree Ct. Ind'l Blvd/ St. Louis, MO 63122
Vice President - Finance	Politowski, A.J.	3365 Tree Ct. Ind'l Blvd/ St. Louis, MO 63122
Vice President	Nee, T.M.	Five Giralda Farms Madison, NJ 07940
Vice President	Lach, E.M.	Five Giralda Farms Madison, NJ 07940
Treasurer	O'Connor, J.M.	Five Giralda Farms Madison, NJ 07940
Assistant Treasurer	Samuel, C.M.	Five Giralda Farms Madison, NJ 07940
Assistant Secretary	Berg, E.E.	Five Giralda Farms Madison, NJ 07940
Assistant Secretary	Kelly, W.P.	Five Giralda Farms Madison, NJ 07940
Assistant Secretary	Slater, T.T.	Five Giralda Farms Madison, NJ 07940

STORZ OPHTHALMICS, INC

DIRECTORS

Name

Address

J. R. Stafford

Five Giralda Farms, Madison, NJ 07940

Robert G. Blount

Five Giralda Farms, Madison, NJ 07940

Fred Hassan

Five Giralda Farms, Madison, NJ 07940