


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		3. Date of Annual Report	
09/21/1987		04/24/1996	
2. Principal Place of Business	2a. Mailing Address	4. FFL Number	Applied For
21	26	22-2808075	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29		
Country	Country		
25	30		

8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. BLANKEMEYER, R. 3365 TREE CT. IND'L BLVD. ST. LOUIS MO VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEE, T. M.	1.2 NAME	
STREET ADDRESS	FIVE GIRALDA FARMS	1.3 STREET ADDRESS	
CITY- ST- ZIP	MADISON N S	1.4 CITY- ST- ZIP	
TITLE	EMERLING, C. G.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIVE GIRALDA FARMS	2.2 NAME	
STREET ADDRESS	MADISON N	2.3 STREET ADDRESS	
CITY- ST- ZIP	AT	2.4 CITY- ST- ZIP	
TITLE	SAMUEL, C. M.	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE CYANAMID PLACE	3.2 NAME	
STREET ADDRESS	WAYNE NJ	3.3 STREET ADDRESS	
CITY- ST- ZIP	D	3.4 CITY- ST- ZIP	
TITLE	STAFFORD, R. J.	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5 GIRALDA FARMS	4.2 NAME	
STREET ADDRESS	MADISON NJ	4.3 STREET ADDRESS	
CITY- ST- ZIP	D	4.4 CITY- ST- ZIP	
TITLE	BLOUNT, R. G.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5 GIRALDA FARMS	5.2 NAME	
STREET ADDRESS	MADISON NJ	5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		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 Number 002855076

CR2E034 (9/96)

STORZ OPHTHALMICS, INC

OFFICERS

<u>Title</u>	<u>Name</u>	<u>Address</u>
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