

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/21/1987**

4. FEI Number: **22-2808075**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. 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
 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: PD	<input checked="" 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	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: NEE, T. M.		2.2 NAME: Edstrom, Hakan S.	
STREET ADDRESS: FIVE GIRALDA FARMS		2.3 STREET ADDRESS: 3365 Tree Court Industrial Blvd.	
CITY-ST-ZIP: MADISON NJ		2.4 CITY-ST-ZIP: St. Louis, mo 63005	
TITLE: S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: LACH, E.M.		3.2 NAME: Resnick, Alan H.	
STREET ADDRESS: FIVE GIRALDA FARMS		3.3 STREET ADDRESS: One Bausch + Lomb Place	
CITY-ST-ZIP: MADISON NJ		3.4 CITY-ST-ZIP: Rochester, NY 14604-2701	
TITLE: AT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: SAMUEL, C.M.		4.2 NAME: Geisel, Jean F.	
STREET ADDRESS: FIVE GIRALDA FARMS		4.3 STREET ADDRESS: One Bausch + Lomb Place	
CITY-ST-ZIP: MADISON NJ		4.4 CITY-ST-ZIP: Rochester, NY 14604-2701	
TITLE: D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: STAFFORD, R. J.		5.2 NAME: McCluski, Stephen C.	
STREET ADDRESS: 5 GIRADLA FARMS		5.3 STREET ADDRESS: One Bausch + Lomb Place	
CITY-ST-ZIP: MADISON NJ		5.4 CITY-ST-ZIP: Rochester, NY 14604-2701	
TITLE: D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BLOUNT, R. G.		6.2 NAME:	
STREET ADDRESS: 5 GIRALDA FARMS		6.3 STREET ADDRESS:	
CITY-ST-ZIP: MADISON NJ		6.4 CITY-ST-ZIP:	

14. I 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 an attachment with an address.

SIGNATURE: *Alan H. Resnick* **Alan H. Resnick, Assist. Treas., 4/22/98 (716) 338-6000**

CR2E034 (10/97)