

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

FILED  
May 11, 1999 8:00 am  
Secretary of State

05-11-1999 90033 008 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P16036

1. Corporation Name  
STORZ OPHTHALMICS, INC.

Principal Place of Business

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

Mailing Address

ONE BAUSCH LOMB PL  
ROCHESTER NY 14604  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1987

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

☒ DELETE

TITLE C  
NAME EDSTROM H, S  
STREET ADDRESS 3365 TREE COURT INDUSTRIAL BLVD  
CITY-ST-ZIP ST LOUIS MO 63005

☐ DELETE

TITLE AT  
NAME RESNICK, ALAN  
STREET ADDRESS ONE BAUSCH LOMB PL  
CITY-ST-ZIP ROCHESTER NY 14604

☐ DELETE

TITLE S  
NAME GEISEL, J  
STREET ADDRESS ONE BAUSCH LOMB PL  
CITY-ST-ZIP ROCHESTER NY 14604

☐ DELETE

TITLE VPD  
NAME MCCLUSKI, S  
STREET ADDRESS ONE BAUSCH LOMB PL  
CITY-ST-ZIP ROCHESTER NY 14604

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE PD  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE T  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/1999

Date

716-338-6000

Daytime Phone #

CR2E034 (11/98)

544940-90033-8  
P16036

NAME	BUSINESS ADDRESS
Jean F. Geisel Secretary	Bausch & Lomb Incorporated One Bausch & Lomb Place Rochester, NY 14604-2701
Mark M. Tomaino Assistant secretary	Bausch & Lomb Surgical 555 West Arrow Highway Claremont, CA 91711

544940-9033-8  
P16036

**STORZ INSTRUMENT COMPANY.**  
**ROCHESTER, NEW YORK**  
**NAMES/ADDRESSES OF DIRECTORS**

*Robert B. Stiles*

Name	Business Address
Robert H. Blankemeyer	Bausch & Lomb Surgical 3365 Tree Court Industrial Boulevard St. Louis, MO 63122
Stephen C. McCluski	Bausch & Lomb, Inc. One Bausch & Lomb Place Rochester, NY 14604-2701
Robert B. Stiles	Bausch & Lomb, Inc. One Bausch & Lomb Place Rochester, NY 14604-2701

344940-90033-8  
P16036

**STORZ INSTRUMENT COMPANY  
ROCHESTER, NEW YORK**

**NAMES/ADDRESSES OF OFFICERS**

<b>NAME</b>	<b>BUSINESS ADDRESS</b>
<b>Hakan S. Edstrom</b> Chairman	Bausch & Lomb Surgical 3365 Tree Court Industrial Boulevard St. Louis, MO 63005
<b>Robert H. Blankemeyer</b> President	Bausch & Lomb Surgical 3365 Tree Court Industrial Boulevard St. Louis, MO 63005
<b>Stephen C. McCluski</b> Vice President	Bausch & Lomb Incorporated One Bausch & Lomb Place Rochester, NY 14604-2701
<b>Pat Lyons</b> Treasurer	Bausch & Lomb Surgical 3365 Tree Court Industrial Boulevard Rochester, NY 14604-2701
<b>Alan H. Resnick</b> Assistant Treasurer	Bausch & Lomb Incorporated One Bausch & Lomb Place Rochester, NY 14604-2701