

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 # P19847 (3)

1. Corporation Name

STORZ INTRAOCULAR LENS COMPANY



Principal Place of Business

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

Mailing Address

ONE CYANAMID PLAZA
WAYNE NJ 07470

3. Date Incorporated or Qualified

06/28/1988

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc

26 Suite, Apt. #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FET Number

43-1316338

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 607.1506, 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 first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BLANKEMEYER, R.H.	
STREET ADDRESS	3365 TREE CT. INDUSTRIAL BLVD.	
CITY- ST- ZIP	ST. LOUIS MO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NEE, T.M.	
STREET ADDRESS	FIVE GIRALDA FARMS	
CITY- ST- ZIP	MADISON NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EMERLING, C.G.	
STREET ADDRESS	FIVE GIRALDA FARMS	
CITY- ST- ZIP	MADISON NJ	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	SAMUEL, C.M.	
STREET ADDRESS	ONE CYANAMID PLAZA	
CITY- ST- ZIP	WAYNE NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STAFFORD, J.R.	
STREET ADDRESS	FIVE GIRALDA FARMS	
CITY- ST- ZIP	MADISON NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLOUNT, R.G.	
STREET ADDRESS	FIVE GIRALDA FARMS	
CITY- ST- ZIP	MADISON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles M. Samuel 4/3/96 (201) 831-2000

Asst. Treasurer

CR2E034 (12/95)