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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996	
DOCUMENT #	P.

DOCUMENT # P19847 (3)  STORZ INTRAOCULAR LENS COMPANY							
Principal Place	of Business	Mailing Address				41 <b>400   01011 31011 014</b> 14 010	III BABA EIRA IDD
3365 TREE CT. IND'L BLVD. ST. LOUIS MO 63122		ONE CYANAMID PLI WAYNE NJ 07470	ONE CYANAMID PLAZA WAYNE NJ 07470				
US					3. Date Incorporated or Qualified	3a. Date of Last I	
2 Principal Pla	ace of Business	2a, Mailing Address		<del></del>	06/28/1988 4, FEI Number	05/01/19	Applied For
	Lieb O. Bookiloop	26			43-1316338	ļ	Not Applicable
Suite, Apt. 4	#, etc:	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State	)	City & State	<del></del>		6. Election Campaign Financing	\$5.0	00 May Be
<u> </u>		28			Trust Fund Contribution		ed to Fees
Zip 1	Country 25	Ζφ <b>29</b>	Count 30	iry	1	s ∏No	199.032,
	9. Name and Address of Curre	nt Registered Agent	8	Name	10. Name and Address of New I	Registered Agent	
CT COR	RPORATION SYSTEM		,	2 Street Add	iress (P.O. Box Number is Not Acceptal	ble)	
1200 S.	PINE ISLAND ROAD						
PLANTA	NTION FL 33324		t t	13			
			8	4 City		FI 85 Z	ip Code
SIGNATURE _					ration submits this statement for the puriod of directors. I hereby accept the applications are selected to the selected of th	DATE	
SIGNATURE .	Signature, typed or printed name of registered ager			gent signature regione		DATE	ORS IN 12
SIGNATURE .  2.  TILE	Signature, typed or printed name of registered ager	nt and title if applicable (I	NOTE: Registered A	ent sgnat re recline	ed when reinstatrigi	DATE ICERS AND DIRECT	ORS IN 12
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appears in Block 12 or Block 13 if changed, or on an attachingent with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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