

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22826

FILED
Apr 29, 2011
Secretary of State

Entity Name: ALCON LABORATORIES, INC.

Current Principal Place of Business:

6201 SOUTH FREEWAY
FORT WORTH, TX 76134 US

New Principal Place of Business:

Current Mailing Address:

6201 SOUTH FREEWAY
ATTN: CORPORATE TAX TB4-1
FORT WORTH, TX 76134 US

New Mailing Address:

FEI Number: 75-2252369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: COBP
Name: BUEHLER, KEVIN J
Address: 6201 SOUTH FREEWAY
City-St-Zip: FORT WORTH, TX 76134 US

Title: SVP
Name: KARSUNKY, ROBERT
Address: 6201 SOUTH FREEWAY
City-St-Zip: FORT WORTH, TX 76134 US

Title: SVPS
Name: WHITBECK, ELAINE E
Address: 6201 SOUTH FREEWAY
City-St-Zip: FORT WORTH, TX 76134 US

Title: VP
Name: LUTZ, MANUEL
Address: 6201 SOUTH FREEWAY
City-St-Zip: FORT WORTH, TX 76134 US

Title: VPT
Name: BASS, DAVID A
Address: 6201 SOUTH FREEWAY
City-St-Zip: FORT WORTH, TX 76134 US

Title: VP
Name: THORPE, BRUCE R
Address: 6201 SOUTH FREEWAY
City-St-Zip: FORT WORTH, TX 76134 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MANUEL LUTZ

VP

04/29/2011

Electronic Signature of Signing Officer or Director

Date