

P22826

Florida Department of State  
Division of Corporations  
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To:  
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Fax Number : (850) 617-6380

From:  
Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-0821  
Fax Number : (850) 558-1515

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REGISTERED AGENT CHANGE  
ALCON LABORATORIES, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUN 01 2012  
T. J. BUEX

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ALCON LABORATORIES, INC.
2. The principal office address: 6201 South Freeway, Fort Worth, TX 76134
3. The mailing address (if different): 6201 South Freeway, Attn: Corporate Tax TB4-1, Fortworth TX 76134
4. Date of incorporation/qualification: 02/01/1989 Document number: P22826
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System1200 South Pine Island RoadPlantation FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company1201 Hays Street(P.O. Box NOT acceptable)Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Maureen Cathell(Signature of an officer or director)Maureen Cathell, Vice President(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Co CompanyBy: Grace E. Kirby  
(Signature of Registered Agent)04/04/2012(Date)

If signing on behalf of an entity:

Grace E. Kirby(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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