

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

FILED
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90009 011 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P32118

1. Corporation Name.

~~CHIRON VISION CORPORATION~~

B+L Surgical Inc. -

Principal Place of Business

555 WEST ARROW HIGHWAY
CLAREMONT GA 91711
US

Mailing Address

ONE BAUSCH LOMB PL
TAX DEPT
ROCHESTER NY 14604
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1990

4. FEI Number

58-1681282

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 **P** ☐ DELETE
NAME **EDSTROM, HAKAN**
STREET ADDRESS **555 W ARROW HWY**
CITY-ST-ZIP **CLAREMONT CA 91711**

TITLE **VP** ☐ DELETE
NAME **MCCLUSKI, STEPHEN**
STREET ADDRESS **ONE BAUSCH LOMB PL**
CITY-ST-ZIP **ROCHESTER NY 14604**

TITLE **AT** ☐ DELETE
NAME **RESNICK, ALAN H**
STREET ADDRESS **ONE BAUSCH & LOMB PLACE**
CITY-ST-ZIP **ROCHESTER NY 14604-2701**

TITLE **S** ☐ DELETE
NAME **GEISEL, JEAN F**
STREET ADDRESS **ONE BAUSCH LOMB PL**
CITY-ST-ZIP **ROCHESTER NY 14604**

TITLE **D** ☐ DELETE
NAME **STILES, ROBERT F**
STREET ADDRESS **ONE BAUSCH LOMB PLACE**
CITY-ST-ZIP **ROCHESTER NY 14604**

TITLE **AS** ☐ DELETE
NAME **TOMAINO, MARK**
STREET ADDRESS **ONE BAUSCH LOMB PL**
CITY-ST-ZIP **ROCHESTER NY 14604**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Mark Tomaino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/1999

Date

716-338-6000

Daytime Phone #

CR2E034 (11/98)

2461723-14801-11
P32J18

Bausch & Lomb Surgical, Inc.
ROCHESTER, NEW YORK
NAMES/ADDRESSES OF OFFICERS

Name	Business Address
Hakan S. Edstrom President	Bausch & Lomb Surgical 555 West Arrow Highway Claremont, CA 91711
Stephen C. McCluski Vice President	Bausch & Lomb Incorporated One Bausch & Lomb Place Rochester, NY 14604-2701
Alan Resnick Treasurer	Bausch & Lomb Incorporated One Bausch & Lomb Place Rochester, NY 14604-2701
Robert F. Gallagher Assistant Treasurer	Bausch & Lomb Surgical 555 West Arrow Highway Claremont, CA 91711
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

070 170 70007-11
p32118

Bausch & Lomb Surgical, Inc.
ROCHESTER, NEW YORK
NAMES /ADDRESSES OF DIRECTORS

Name	Business Address
Hakan S. Edstrom	Bausch & Lomb Surgical 55 West Arrow Highway Claremont, CA 91711
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

