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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000005111 (9)

1. Corporation Name
CARL ZEISS, INC.



Principal Place of Business

ONE ZEISS DRIVE
THORNWOOD NY 10594

Mailing Address

ONE ZEISS DRIVE
THORNWOOD NY 10594

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
SUITE 105
1201 HAYS STREET
TALLAHASSEE FL 32301

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 607.01 and 607.15(3), Florida Statutes, I, the undersigned, as a duly authorized officer or director of the corporation, submit 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 607.01(3), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

CD

[] DELETE

1. TITLE

VC/D

[X] Change

[] Addition

NAME

FUGERT, HANS-KURT

STREET ADDRESS

PO BOX 1380, 73446 OBERKOCHEN
GERMANY

CITY, ST, ZIP

2. NAME

14 CITY, ST, ZIP

TITLE

D

[] DELETE

3. TITLE

[] Change

[] Addition

NAME

BLENNEMANN, DIETER

STREET ADDRESS

AU. PATRIOTISMO 604, APT. POSTAL #19-592
COLONIA MIXCOAC 03910 MEXICO

CITY, ST, ZIP

4. NAME

15 CITY, ST, ZIP

TITLE

PD

[] DELETE

5. TITLE

[] Change

[] Addition

NAME

KLESSEN, RAINER

STREET ADDRESS

ONE ZEISS DRIVE
THORNWOOD NY

CITY, ST, ZIP

6. NAME

16 CITY, ST, ZIP

TITLE

V

[] DELETE

7. TITLE

[] Change

[] Addition

NAME

HARTMANN, LOTHAR

STREET ADDRESS

ONE ZEISS DRIVE
THORNWOOD NY

CITY, ST, ZIP

8. NAME

17 CITY, ST, ZIP

TITLE

D

[] DELETE

9. TITLE

[] Change

[] Addition

NAME

OSTERN, WILHELM C

STREET ADDRESS

BAYER USA/1 MELLON CTR, 500 GRANT STREET
PITTSBURGH PA 15219-2502

CITY, ST, ZIP

10. NAME

18 CITY, ST, ZIP

TITLE

D

[] DELETE

11. TITLE

[] Change

[] Addition

NAME

SHAPIRO, ISAAC

STREET ADDRESS

SKADDEN ARPS, 919 THIRD AVENUE
NEW YORK NY 10022

CITY, ST, ZIP

12. NAME

19 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this report is true and correct, and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 of this report on an affidavit with an address.

SIGNATURE:

Lothar Hartmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOTHAR HARTMANN

3/29/96

(914) 747-1800

Do Not Print

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