2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # F94000005111 1. Entity Name CARL ZEISS HOLDING CO., INC. 04-26-2001 90062 028 ***150.00 Principal Place of Business Mailing Address ONE ZEISS DRIVE ONE ZEISS DRIVE THORNWOOD NY 10594 ATTN: TAX DEPARTMENT THORNWOOD NY 10594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-1495820 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution \Box Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete ☐ Change GRASSMAN, DR. PETER MAME KURZ, DR. DIETER ONE ZEISS DRIVE STREET ADDRESS ONE ZEISS DRIVE STREET ADDRESS CITY-ST-ZIP THORNWOOD, MY 10594 THORNWOOD NY 10594 CITY-ST-ZIP TITLE ☐ Delete ☐ Chacne Addition BERLIEN, OLAF DR NAME STREET ADDRESS ONE ZEISS DRIVE STREET ADDRESS CITY-ST-7IP THORNWOOD NY 10594 CITY-ST-ZIP TITL F ☐ Delete TITLE Chance Addition JAMES J KELLY NAME NAMá STREET ADORESS ONE ZEISS DRIVE STREET ADDRESS CITY-ST-ZIP THORNWOOD NY 10594 CITY-ST-ZIP TITLE 📈 Delete TITLE Addition Channe LAWRENCE D HART GORNY, DR. NORBERT MAME NAME ONE ZEISS DRIVE STREET ADDRESS ONE ZEISS DRIVE STREET ADDRESS CITY-ST-ZIP THORNWOOD NY 10594 CITY-ST-ZIP THORMWOOD, MY 10594 TITLE 😾 Delete TITLE VTS ☐ Change Addition WOLFGANG SENNE NAME NIEDERFELD THOMAS ONE ZEISS DRIVE STREET ADDRESS ONE ZEISS DRIVE STREET ADDRESS THORNWOOD NY 10594 CITY-ST-7IP CITY-ST-ZIP THORNUDED JY LOSGY TITLE **√** Delete TITLE D ☐ Change **X**Addition LEE, GREG ONE ZEISS ARIVE NAME Kurz, diter d dr NAME STREET ADDRESS ONE ZEISS DRIVE STREET ADDRESS CITY-ST-7IP THORNWOOD NY 10594 THORNUDGD, NY LOSGY

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (10/00)