## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000005746

Entity Name: CARL ZEISS MEDITEC, INC.

FILED Apr 03, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:					
5160 HACIENDA DR. DUBLIN, CA 94568 US									
Current Mailing Address:				New Mailing Address:					
ONE ZEISS ATTN: TAX THORNWO		94 U	S						
FEI Number: 94-3374401 FEI Number Applied For ( ) FEI Number					nber Not Applicable ( ) Certificate of Status Desired ( )				
Name and Address of Current Registered Agent: N						Name and Address of New Registered Agent:			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US									
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	
Election Cam	paign Financing	g Trust F	und Contribution ( ).						
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	VTS () SARRACCO, CA 5160 HACIENDA DUBLIN, CA 94	A DRIVE			Title: Name: Address: City-St-Zip:		() Change	( ) Addition	
Title: Name: Address: City-St-Zip:	CD () KASCHKE, MICI 5160 HACIENDA DUBLIN, CA 94	A DRIVE			Title: Name: Address: City-St-Zip:	VP M KUSCHNER 5160 HACIE DUBLIN, CA	NDA DRIVE	( ) Addition	
Title: Name: Address: City-St-Zip:	VD () DONAHOE, JOE 5160 HACIENDA DUBLIN, CA 94	A DRIVE			Title: Name: Address: City-St-Zip:		() Change	( ) Addition	
Title: Name: Address: City-St-Zip:	PD () TAYLOR, JIM 5160 HACIENDA DUBLIN, CA 94				Title: Name: Address: City-St-Zip:	PRES STEGER, LO 5160 HACIE DUBLIN, CA	NDA DR	( ) Addition	
Title: Name: Address: City-St-Zip:	()	) Delete			Title: Name: Address: City-St-Zip:	VPRD KAVOUSSI, 5160 HACIE DUBLIN, CA	NDA DR	(X) Addition	
Title: Name: Address: City-St-Zip:	()	) Delete			Title: Name: Address: City-St-Zip:	SEC MARGOLIN, 1 ZEISS DR THORNWOO		. ,	
Statutes. If	further certify t	that the	on supplied with this filing information indicated on the same legal effect as if	this repo	ort or supple	mental rep	ort is true a	in Chapter 119, Florida and accurate and that my rector 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 an address, with all other like empowered.

SIGNATURE: SCOTT MARGOLIN SEC 04/03/2009