

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91286 008 ***150.00

DOCUMENT # F00000006316

1. Entity Name
KARL STORZ ENDOSCOPY-AMERICA, INC.



Principal Place of Business
**2200 NORTHWEST CORPORATE BLVD.
SUITE 309
BOCA RATON, FL 33431**

Mailing Address
**2200 NORTHWEST CORPORATE BLVD.
SUITE 309
BOCA RATON, FL 33431**

11000000



2. Principal Place of Business
1951 NW 19TH ST.

3. Mailing Address
600 CORPORATE POINTE

Suite, Apt. #, etc.
103

Suite, Apt. #, etc.
TAX DEPT.

02062004

Chg-P

CR2E034 (10/03)

City & State
BOCA RATON, FL

City & State
CULVER CITY, CA

4. FEI Number
95-2678449

Applied For
Not Applicable

Zip
33431

Country
USA

Zip
90230-7600

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	PD STORZ, SYBILL	<input type="checkbox"/> Delete
STREET ADDRESS	600 CORPORATE POINTE	
CITY-ST-ZIP	CULVER CITY, CA 902307600	
TITLE NAME	V WILHELM, CHARLIE	<input type="checkbox"/> Delete
STREET ADDRESS	600 CORPORATE POINTE	
CITY-ST-ZIP	CULVER CITY, CA 902307600	
TITLE NAME	SCFO GREEN, MARK	<input type="checkbox"/> Delete
STREET ADDRESS	600 CORPORATE POINTE	
CITY-ST-ZIP	CULVER CITY, CA 902307600	
TITLE NAME	D HEINE, GUDRUN	<input type="checkbox"/> Delete
STREET ADDRESS	600 CORPORATE POINTE	
CITY-ST-ZIP	CULVER CITY, CA 902307600	
TITLE NAME	D STORZ, KARL C	<input type="checkbox"/> Delete
STREET ADDRESS	600 CORPORATE POINTE	
CITY-ST-ZIP	CULVER CITY, CA 902307600	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Y ALI AMIRI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	600 CORPORATE POINTE	
CITY-ST-ZIP	CULVER CITY, CA 90230-7600	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK GREEN

Date

Daytime Phone #

(310) 338-8100