


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90235 018 ***150.00

DOCUMENT # F00000006316 1. Entity Name KARL STORZ ENDOSCOPY-AMERICA, INC.	
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Principal Place of Business 1951 NW 19TH ST., #103 BOCA RATON, FL 33431	Mailing Address 600 CORPORATE POINTE TAX DEPT. CULVER CITY, CA 90230-7600
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DO NOT WRITE IN THIS SPACE



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 95-2678449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	DO NOT WRITE IN THIS SPACE
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STORZ, SYBILL 600 CORPORATE POINTE CULVER CITY, CA 902307600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	* P WILHELM, CHARLIE 600 CORPORATE POINTE CULVER CITY, CA 902307600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCFO GREEN, MARK 600 CORPORATE POINTE CULVER CITY, CA 902307600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEINE, GUDRUN 600 CORPORATE POINTE CULVER CITY, CA 902307600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STORZ, KARL C 600 CORPORATE POINTE CULVER CITY, CA 902307600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMIRI, ALI 600 CORPORATE POINTE CULVER CITY, CA 902307600
DO NOT WRITE IN THIS SPACE	

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: Elena Huin 2/10/05 310 410 5544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #