2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State
05-14-2007 90082 019 ***150.00

DOCUMENT # F00000006316

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

Principal Place of Business	Mailing Address
1951 NW 19TH ST., #103 BOCA RATON, FL 33431	600 CORPORATE POINTE TAX DEPT. CULVER CITY, CA 90230-7600

DO NOT WRITE IN THIS SPACE

04202007 No Chg-P CR2E034 (11/05)

4. FEI Number
95-2678449
☐ Applied For
☐ Not Applicable

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

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILHELM, CHARLIE
STREET ADDRESS	600 CORPORATE POINTE
CITY-ST-ZIP	CULVER CITY, CA 902307600
TITLE	V
NAME	~~RIDLE HOVER, FRANCES~~ PLEASE DELETE
STREET ADDRESS	~~600 CORPORATE POINTE~~
CITY-ST-ZIP	~~CULVER CITY, CA 902307600~~
TITLE	SCFO
NAME	GREEN, MARK
STREET ADDRESS	600 CORPORATE POINTE
CITY-ST-ZIP	CULVER CITY, CA 902307600
TITLE	D
NAME	STORZ, ~~SYBELL~~ SYBILL
STREET ADDRESS	600 CORPORATE POINTE
CITY-ST-ZIP	CULVER CITY, CA 902307600
TITLE	D
NAME	STORZ, KARL C
STREET ADDRESS	600 CORPORATE POINTE
CITY-ST-ZIP	CULVER CITY, CA 902307600
TITLE	V
NAME	AMIRI, ALI
STREET ADDRESS	600 CORPORATE POINTE
CITY-ST-ZIP	CULVER CITY, CA 902307600

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ MARK GREEN (310) 338-8110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #