

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90032 013 \*\*\*150.00

U.S. D.C. AI

**DOCUMENT # F01000005580**

1. Entity Name

**CARL ZEISS SURGICAL, INC.**

Principal Place of Business

**C/O TAX DEPARTMENT  
ONE ZEISS DRIVE  
THORNWOOD NY 10594**

Mailing Address

**C/O TAX DEPARTMENT  
ONE ZEISS DRIVE  
THORNWOOD NY 10594**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**13-3840224**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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.

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 Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **TIMKO, ERIC**  
STREET ADDRESS **ONE ZEISS DRIVE**  
CITY-ST-ZIP **THORNWOOD NY 10594**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **ALTSCHULER, CRAIG**  
STREET ADDRESS **ONE ZEISS DRIVE**  
CITY-ST-ZIP **THORNWOOD NY 10594**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **O'CONNELL, CARL**  
STREET ADDRESS **ONE ZEISS DRIVE**  
CITY-ST-ZIP **THORNWOOD NY 10594**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **KELLEY, JAMES J**  
STREET ADDRESS **ONE ZEISS DRIVE**  
CITY-ST-ZIP **THORNWOOD NY 10594**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **SODINI, MICHAEL**  
STREET ADDRESS **ONE ZEISS DRIVE**  
CITY-ST-ZIP **THORNWOOD NY 10594**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☒ Delete  
NAME **POPE, GREG**  
STREET ADDRESS **ONE ZEISS DRIVE**  
CITY-ST-ZIP **THORNWOOD NY 10594**

TITLE **CD** ☐ Change ☒ Addition  
NAME **KASCHKE, DR. MICHAEL**  
STREET ADDRESS **ONE ZEISS DRIVE**  
CITY-ST-ZIP **THORNWOOD, NY 10594**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)