
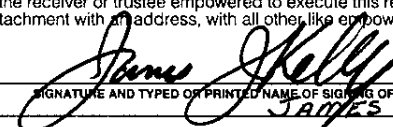


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90047 045 ***150.00

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	4. FEI Number 13-3840224	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIMKO, ERIC ONE ZEISS DRIVE THORNWOOD, NY 10594	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALTSCHULER, CRAIG ONE ZEISS DRIVE THORNWOOD, NY 10594	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'CONNELL, CARL ONE ZEISS DRIVE THORNWOOD, NY 10594	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, JAMES J ONE ZEISS DRIVE THORNWOOD, NY 10594	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SODINI, MICHAEL ONE ZEISS DRIVE THORNWOOD, NY 10594	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KASCHKE, MICHAEL DR ONE ZEISS DRIVE THORNWOOD, NY 10594	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dr Ludwin Monz ONE ZEISS DR THORNWOOD, NY 10594				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____				
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:  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> JAMES J. KELLY </div> <div> <small>Date</small> 1/26/04 </div> <div> <small>Daytime Phone #</small> 914-681-7389 </div> </div>					

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