

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90043 007 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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**

40017594



01272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3840224

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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, 2005 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 ☒ Delete
NAME TIMKO, ERIC
STREET ADDRESS ONE ZEISS DRVIE
CITY-ST-ZIP THORNWOOD, NY 10594

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

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

TITLE SD ☐ Delete
NAME KELLY, JAMES J
STREET ADDRESS ONE ZEISS DRVIE
CITY-ST-ZIP THORNWOOD, NY 10594

TITLE D ☐ Delete
NAME MONZ, LUDWIN DR.
STREET ADDRESS ONE ZEISS DRVIE
CITY-ST-ZIP THORNWOOD, NY 10594

TITLE CD ☐ Delete
NAME KASCHKE, MICHAEL DR
STREET ADDRESS ONE ZEISS DRVIE
CITY-ST-ZIP THORNWOOD, NY 10594

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

James J. Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES J. KELLY, SECRETARY

1/27/05
Date

(914) 681-7389
Daytime Phone #