

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000005581

1. Entity Name
CARL ZEISS MICROIMAGING, INC.



Principal Place of Business
**C/O TAX DEPT.
ONE ZEISS DRIVE
THORNWOOD, NY 10594**

Mailing Address
**C/O TAX DEPT.
ONE ZEISS DRIVE
THORNWOOD, NY 10594**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4186423

Applied For
Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SHARP, JAMES
ONE ZEISS DRIVE
THORNWOOD, NY 10594**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
GOTTLIEB, PHILIP
ONE ZEISS DRIVE
THORNWOOD, NY 10594**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
GORN, NORBERT DR.
ONE ZEISS DRIVE
THORNWOOD, NY 10594**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FRASER, SCOTT E DR.
ONE ZEISS DRIVE
THORNWOOD, NY 10594**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SIMONE, ULI DR.
C/O TAX DEPT.
THORNWOOD, NY 10594**

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/04

Date

914-681-7389

Daytime Phone #