

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 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**

DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

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**

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

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

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

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

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

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

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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

James J. Kelly **JAMES J. KELLY**

1/23/05
Date

914-681-7389
Daytime Phone #