

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000435

1. Corporation Name

LEICA MICROSYSTEMS INC.

Principal Place of Business

P.O. BOX 123
BUFFALO NY 14240

Mailing Address

P.O. BOX 123
BUFFALO NY 14240

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90018 021 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1992

4. FEI Number

22-2701363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PR ☐ DELETE

NAME WEGENER, HORST
STREET ADDRESS 35578 WETZLAR
CITY-ST-ZIP GERMANY

TITLE VP ☐ DELETE

NAME SMITH, HENRY
STREET ADDRESS 111 DEERLAKE RD
CITY-ST-ZIP DEERFIELD FL 60015

TITLE AS ☐ DELETE

NAME MCKNIGHT, GARY K
STREET ADDRESS 3362 WALDEN AVE
CITY-ST-ZIP DEPEW NY 14043

TITLE VP ☒ DELETE

NAME BURKE, KENNETH
STREET ADDRESS 3374 WALDEN AVE
CITY-ST-ZIP DEPEW NY 14043

TITLE V ☐ DELETE

NAME ALIX, ARTHUR J
STREET ADDRESS 3362 WALDEN AVE
CITY-ST-ZIP DEPEW NY 14043

TITLE AS ☐ DELETE

NAME SEKLANY, ALBIN
STREET ADDRESS 111 DEER LAKE RD
CITY-ST-ZIP DEERFIELD IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE

7-1-99 716-686-3161

CR2E034 (5/99)