


2004 FOR PROFIT CORPORATION ANNUAL REPORT

Reference # 00000545311

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 21 AM 11:36

DOCUMENT # F92000000435		
1. Entity Name LEICA MICROSYSTEMS INC.		

Principal Place of Business P.O. BOX 123 BUFFALO, NY 14240	Mailing Address P.O. BOX 123 BUFFALO, NY 14240
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2. Principal Place of Business <i>2345 Waukegan Road</i>	3. Mailing Address <i>same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Bannockburn, IL</i>	City & State
Zip <i>60015</i>	Country

09232004 Chg-P CR2E034 (10/03)

4. FEI Number 22-2701363	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 <i>October 1</i>	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	PR KLEINEIDAM, GERHARD 35578 WETZLAR GERMANY, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, HENRY 2345 WAUKEGAN ROAD BANNOCKBURN, IL 60015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURGESS, JOHN 3362 WALDEN AVENUE DEPEW, NY 14043 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SECRETARY SZKLANY, ALBIN 2345 WAUKEGAN ROAD BANNOCKBURN, IL 60015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary and Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ALBIN A. SZKLANY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WOOD, MARK E 3362 WALDEN AV DEPEW, NY 14043 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>9/23/04</i> Daytime Phone #

10/25/04