FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000005111 (9)**

1. Corporation Name
CARL ZEISS, INC.

Principal Place of Business
ONE ZEISS DRIVE
THORNWOOD NY 10594

Mailing Address
ONE ZEISS DRIVE
THORNWOOD NY 10594

3. Date Incorporated or Qualified: **10/03/1994**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **13-1495820** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
SUITE 105
1201 HAYS STREET
TALLAHASSEE FL 32301

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 Section 607.0502 and 607.1505, Florida Statutes, the undersigned 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	VC/D	☒ Change ☐ Addition
NAME	FUGERT, HANS-KURT			
STREET ADDRESS	PO BOX 1380, 73446 OBERKOCHEN			
CITY-ST-ZIP	GERMANY			
TITLE	D	☐ DELETE		☐ Change ☐ Addition
NAME	BLENNEMANN, DIETER			
STREET ADDRESS	AU. PATRIOTISMO 604, APT. POSTAL #19-592			
CITY-ST-ZIP	COLONIA MIXCOAC 03910 MEXICO			
TITLE	PD	☐ DELETE		☐ Change ☐ Addition
NAME	KLESSEN, RAINER			
STREET ADDRESS	ONE ZEISS DRIVE			
CITY-ST-ZIP	THORNWOOD NY			
TITLE	V	☐ DELETE		☐ Change ☐ Addition
NAME	HARTMANN, LOTHAR			
STREET ADDRESS	ONE ZEISS DRIVE			
CITY-ST-ZIP	THORNWOOD NY			
TITLE	D	☐ DELETE		☐ Change ☐ Addition
NAME	OSTERN, WILHELM C			
STREET ADDRESS	BAYER USA/1 MELLON CTR, 500 GRANT STREET			
CITY-ST-ZIP	PITTSBURGH PA 15219-2502			
TITLE	D	☐ DELETE		☐ Change ☐ Addition
NAME	SHAPIRO, ISAAC			
STREET ADDRESS	SKADDEN ARPS, 919 THIRD AVENUE			
CITY-ST-ZIP	NEW YORK NY 10022			

14. I do hereby certify that the information supplied with this report is true, accurate, complete, and 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 attached sheet, with an address.

SIGNATURE: _____ LOTHAR HARTMANN 3/29/96 (914) 747-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)