

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 10594-1939**

3. Date Incorporated or Qualified **10/03/1994** 3a. Date of Last Report **04/09/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **13-1495820** Applied For ☐ Not Applicable ☒

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip Country 29 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP VCD FUGERT, HANS-KURT PO BOX 1380, 73446 OBERKOCHEN GERMANY	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CD DR. PETER GRASSMAN ONE ZEISS DRIVE THORNWOOD, N.Y. 10594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D BLENNEMANN, DIETER AU. PATRIOTISMO 604, APT. POSTAL #19-592 COLONIA MIXCOAC 03910 MEXICO	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP SD MANFRED JAECKEL ONE ZEISS DRIVE THORNWOOD, N.Y. 10594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD KLESSEN, RAINER ONE ZEISS DRIVE THORNWOOD NY	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP VCD DR. WOLFGANG JAHRREIS ONE ZEISS DRIVE THORNWOOD, N.Y. 10594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V HARTMANN, LOTHAR ONE ZEISS DRIVE THORNWOOD NY	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D OSTERN, WILHELM C BAYER USA/1 MELLON CTR, 500 GRANT STREET PITTSBURGH PA 15219-2502	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SHAPIRO, ISAAC SKADDEN ARPS, 919 THIRD AVENUE NEW YORK NY 10022	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *Lothar Hartmann* 4/10/97 914-747-1800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LOTHAR HARTMANN
 Date Daytime Phone #

CR2E034 (9/96)