

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2004 8:00 am**  
**Secretary of State**

01-16-2004 90010 035 \*\*\*150.00

**44002516**



<b>DOCUMENT # F94000005111</b>					
<b>1. Entity Name</b> CARL ZEISS, INC.					
<b>Principal Place of Business</b> ONE ZEISS DRIVE THORNWOOD, NY 10594 US			<b>Mailing Address</b> ONE ZEISS DRIVE ATTN: TAX DEPARTMENT THORNWOOD, NY 10594 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 13-1495820	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> THE PRENTICE-HALL CORPORATION SYSTEM, INC. SUITE 105 1201 HAYS STREET TALLAHASSEE, FL 32301				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-</b>		
<b>TITLE</b> CD	<b>NAME</b> KURZ, DIETER DR		<input type="checkbox"/> Delete	<b>TITLE</b> _____	
<b>STREET ADDRESS</b> ONE ZEISS DRIVE	<b>CITY-ST-ZIP</b> THORNWOOD, NY 10594		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> PD	<b>NAME</b> JAMES J KELLY		<input type="checkbox"/> Delete	<b>TITLE</b> _____	
<b>STREET ADDRESS</b> ONE ZEISS DRIVE	<b>CITY-ST-ZIP</b> THORNWOOD, NY 10594		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> GORNY, NORBERT DR		<input type="checkbox"/> Delete	<b>TITLE</b> _____	
<b>STREET ADDRESS</b> ONE ZEISS DRIVE	<b>CITY-ST-ZIP</b> THORNWOOD, NY 10594		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> VTS	<b>NAME</b> ALTSCHULER, CRAIG		<input type="checkbox"/> Delete	<b>TITLE</b> _____	
<b>STREET ADDRESS</b> ONE ZEISS DRIVE	<b>CITY-ST-ZIP</b> THORNWOOD, NY 10594		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> KASCHKE, MICHAEL DR.		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	
<b>STREET ADDRESS</b> ONE ZEISS DRIVE	<b>CITY-ST-ZIP</b> THORNWOOD, NY 10594		<b>NAME</b> KARL-HEINZ RAFFIN		
<b>TITLE</b> _____	<b>STREET ADDRESS</b> ONE ZEISS DRIVE		<b>CITY-ST-ZIP</b> THORNWOOD, NY 10594		
<b>TITLE</b> _____	<b>NAME</b> _____		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>James J. Kelly</i>			1/9/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAMES J. KELLY, PRES.			(914) 681-7657		