


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000005111 1. Entity Name CARL ZEISS, INC.	
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Principal Place of Business ONE ZEISS DRIVE THORNWOOD, NY 10594 US	Mailing Address ONE ZEISS DRIVE ATTN: TAX DEPARTMENT THORNWOOD, NY 10594 US
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01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-1495820	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KURZ, DIETER DR ONE ZEISS DRIVE THORNWOOD, NY 10594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES J KELLY ONE ZEISS DRIVE THORNWOOD, NY 10594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORN, NORBERT DR ONE ZEISS DRIVE THORNWOOD, NY 10594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS ALTSCHULER, CRAIG ONE ZEISS DRIVE THORNWOOD, NY 10594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEINZ-RAFFIN, KARL ONE ZEISS DR THORNWOOD, NY 10594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000214690
02/04/05-80022-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: James J. Kelly 1/27/05 (914) 681-7657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES J. KELLY, PRESIDENT