


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000002464	
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1. Entity Name CARL ZEISS IMT CORP	Principal Place of Business C/O TAX DEPARTMENT ONE ZEISS DRIVE THORNWOOD, NY 10594	Mailing Address C/O TAX DEPARTMENT ONE ZEISS DRIVE THORNWOOD, NY 10594
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3917663	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**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** _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE PD	NAME LEE, GREG
STREET ADDRESS 1 ZEISS DRIVE	CITY - ST - ZIP THORNWOOD, NY
TITLE V	NAME KIRCHNER, MICHAEL
STREET ADDRESS ONE ZEISS DRIVE	CITY - ST - ZIP THORNWOOD, NY 10594
TITLE SD	NAME KELLY, JAMES J
STREET ADDRESS 1 ZEISS DRIVE	CITY - ST - ZIP THORNWOOD, NY 10594
TITLE CD	NAME KURZ, DR. DIETER
STREET ADDRESS ONE ZEISS DRIVE	CITY - ST - ZIP THORNWOOD, NY 10594
TITLE D	NAME DIETER, RALF
STREET ADDRESS ONE ZEISS DRIVE	CITY - ST - ZIP THORNWOOD, NY 10594
TITLE NAME	STREET ADDRESS
CITY - ST - ZIP	

000000006076
01/16/04-80020-018 150.00

**DO NOT WRITE
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)(f), 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* **James J. Kelly, Secy** **1/12/04** **914-681-7825**