

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # F99000002464  
 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



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 13-3917663

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 1/12/04 914-681-7525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #