

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002470

1. Entity Name

CARL ZEISS, INC.

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90062 027 ***150.00

Principal Place of Business

Mailing Address

% TAX DEPT.
ONE ZEISS DRIVE
THORNWOOD NY 10594

% TAX DEPT.
ONE ZEISS DRIVE
THORNWOOD NY 10594

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-3917666

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME KASCHKE, MICHAEL
STREET ADDRESS ONE ZEISS DRIVE
CITY-ST-ZIP THORNWOOD NY 10594

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSCD ☒ Delete
NAME SENNE, WOLFGANG
STREET ADDRESS ONE ZEISS DRIVE
CITY-ST-ZIP THORNWOOD NY 10594

TITLE CD ☐ Change ☒ Addition
NAME GORNY, DR. NORBERT
STREET ADDRESS ONE ZEISS DRIVE
CITY-ST-ZIP THORNWOOD, NY 10594

TITLE PD ☐ Delete
NAME KELLY, JAMES J
STREET ADDRESS ONE ZEISS DRIVE
CITY-ST-ZIP THORNWOOD NY 10594

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME PHILLIPS, JAMES
STREET ADDRESS ONE ZEISS DRIVE
CITY-ST-ZIP THORNWOOD NY 10594

TITLE J ☐ Change ☒ Addition
NAME KURZ, DR. DIETER
STREET ADDRESS ONE ZEISS DRIVE
CITY-ST-ZIP THORNWOOD, NY 10594

TITLE CD ☒ Delete
NAME GRASSMANN, PETER DR
STREET ADDRESS ONE ZEISS DRIVE
CITY-ST-ZIP THORNWOOD NY 10594

TITLE D ☐ Change ☒ Addition
NAME MARSH, C. DOUGLAS
STREET ADDRESS ONE ZEISS DRIVE
CITY-ST-ZIP THORNWOOD, NY 10594

TITLE D ☒ Delete
NAME SHARP, JAMES
STREET ADDRESS ONE ZEISS DRIVE
CITY-ST-ZIP THORNWOOD NY 10594

TITLE VTS ☐ Change ☒ Addition
NAME NIEDERFELD, THOMAS
STREET ADDRESS ONE ZEISS DRIVE
CITY-ST-ZIP THORNWOOD, NY 10594

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES J. KELLY

4/17/01

Date

914-681-7654

Daytime Phone #

CR2E034 (10/00)