

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F99000002472

1. Entity Name  
CARL ZEISS OPTICAL, INC.



Principal Place of Business

% TAX DEPT.  
ONE ZEISS DRIVE  
THORNWOOD, NY 10594

Mailing Address

% TAX DEPT.  
ONE ZEISS DRIVE  
THORNWOOD, NY 10594

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
13-3917664

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

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

(NOTE: Registered Agent signature required when reconstituting)

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

000000045792  
02/11/04-80077-015 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GREENE, EDWARD  
STREET ADDRESS ONE ZEISS DRIVE  
CITY-ST-ZIP THORNWOOD, NY 10594

TITLE V  
NAME CATALDO, ANTHONY  
STREET ADDRESS ONE ZEISS DRIVE  
CITY-ST-ZIP THORNWOOD, NY 10594

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

TITLE V  
NAME HUTHOFER, ANDREAS  
STREET ADDRESS ONE ZEISS DRIVE  
CITY-ST-ZIP THORNWOOD, NY 10594

TITLE CD  
NAME KASCHKE, MICHAEL DR  
STREET ADDRESS ONE ZEISS DRIVE  
CITY-ST-ZIP THORNWOOD, NY 10594

TITLE D  
NAME BISCHOFF, JUERGEN  
STREET ADDRESS ONE ZEISS DRIVE  
CITY-ST-ZIP THORNWOOD, NY 10594

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04

914-681-7389