

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90051 020 \*\*\*150.00

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01162006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # F99000002472</b> 1. Entity Name <b>CARL ZEISS OPTICAL, INC.</b>					
Principal Place of Business <b>% TAX DEPT. ONE ZEISS DRIVE THORNWOOD, NY 10594</b>			Mailing Address <b>% TAX DEPT. ONE ZEISS DRIVE THORNWOOD, NY 10594</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>13-3917664</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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	
				FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENE, EDWARD ONE ZEISS DRIVE THORNWOOD, NY 10594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERTUS SIEMERS ONE ZEISS DRIVE, ATTN: TAX DEPT THORNWOOD, NY 10594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIRANDA, AL ONE ZEISS DRIVE THORNWOOD, NY 10594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FINANCE MELISSA WILKINS ONE ZEISS DRIVE, ATTN: TAX DEPT THORNWOOD, NY 10594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, JAMES J ONE ZEISS DRIVE THORNWOOD, NY 10594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SCOTT A. MARGOLIN ONE ZEISS DRIVE THORNWOOD, NY 10594	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUTHOFER, ANDREAS ONE ZEISS DRIVE THORNWOOD, NY 10594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KASCHKE, MICHAEL DR ONE ZEISS DRIVE THORNWOOD, NY 10594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN, DIRECTOR DR. MANFRED KLINGEL ONE ZEISS DRIVE, ATTN: TAX DEPT THORNWOOD, NY 10594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISCHOFF, JUERGEN ONE ZEISS DRIVE THORNWOOD, NY 10594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Scott A. Margolin</i>			1/18/06 914-6817387		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

# ATTACHMENT

60005281

#P99000002472

**CARL ZEISS OPTICAL, INC.**  
**FEDERAL TAXPAYER ID #13-3917664**

## **SCHEDULE OF CORPORATE OFFICERS AND DIRECTORS**

### OFFICERS:

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
Robertus Siemers	President	One Zeiss Drive, Thornwood, NY 10594
Melissa Wilkins	VP Finance	One Zeiss Drive, Thornwood, NY 10594
Scott A. Margolin	Secretary	One Zeiss Drive, Thornwood, NY 10594

### DIRECTORS:

<u>NAME</u>	<u>TITLE</u>	<u>BUSINESS ADDRESS</u>
Dr. Manfred Klingel	Chairman	One Zeiss Drive, Thornwood, NY 10594