

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000435

Entity Name: LEICA MICROSYSTEMS INC.**Current Principal Place of Business:**1700 LEIDER LANE
BUFFALO GROVE, IL 60089**Current Mailing Address:**1700 LEIDER LANE
BUFFALO GROVE, IL 60089**FEI Number:** 22-2701363**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P, DIRECTOR
Name LUTZ, ROBERT S
Address 2200 PENNSYLVANIA AVENUE NW
SUITE 800W
City-State-Zip: WASHINGTON DC 20037

Title LEGA
Name KIM, HUIRI
Address 1700 LEIDER LAN
City-State-Zip: BUFFALO GROVE IL 60089

Title VP
Name CUSACK, MICHAEL
Address 1700 LEIDER LANE
City-State-Zip: BUFFALO GROVE IL 60089

Title TREASURER, DIRECTOR
Name MCFADEN, FRANK T
Address 2200 PENNSYLVANIA AVENUE NW
SUITE 800W
City-State-Zip: WASHINGTON DC 20037

Title SEC
Name O'REILLY, JAMES F
Address 2200 PENNSYLVANIA AVE NW
SUITE 800W
City-State-Zip: WASHINGTON DC 20037

Title ASST. SECRETARY, ASST.
TREASURER
Name SCHWERTNER, CHARLES A
Address 6095 PARKLAND BLVD
SUITE 310
City-State-Zip: MAYFIELD HTS OH 44124

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES A SCHWERTNER**ASST.SECRETARY/ASST. 04/21/2015
TREASURER**

Electronic Signature of Signing Officer/Director Detail

Date