


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91286 008 ***150.00

DOCUMENT # F0000006316

1. Entity Name
KARL STORZ ENDOSCOPY-AMERICA, INC.



Principal Place of Business
**2200 NORTHWEST CORPORATE BLVD.
 SUITE 309
 BOCA RATON, FL 33431**

Mailing Address
**2200 NORTHWEST CORPORATE BLVD.
 SUITE 309
 BOCA RATON, FL 33431**

11000000

2. Principal Place of Business
1951 NW 19TH ST.

3. Mailing Address
600 CORPORATE POINTE

Suite, Apt. #, etc.
103

Suite, Apt. #, etc.
TAX DEPT.



02062004 Chg-P CR2E034 (10/03)

City & State
BOCA RATON, FL

City & State
CULVER CITY, CA

4. FEI Number
95-2678449

Applied For
 Not Applicable

Zip
33431

Country
USA

Zip
90230-7600

Country
USA

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	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	

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 _____

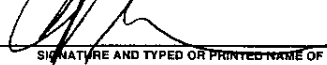
Signature, typed or printed name of registered agent and title if applicable.

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STORZ, SYBILL 600 CORPORATE POINTE CULVER CITY, CA 902307600 <input 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	V WILHELM, CHARLIE 600 CORPORATE POINTE CULVER CITY, CA 902307600 <input 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	SCFO GREEN, MARK 600 CORPORATE POINTE CULVER CITY, CA 902307600 <input 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	D HEINE, GUDRUN 600 CORPORATE POINTE CULVER CITY, CA 902307600 <input 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	D STORZ, KARL C 600 CORPORATE POINTE CULVER CITY, CA 902307600 <input 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Y ALI AMIRI 600 CORPORATE POINTE CULVER CITY, CA 90230-7600	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **MARK GREEN** (310) 338-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #