


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90235 018 \*\*\*150.00

<b>DOCUMENT # F0000006316</b>	
1. Entity Name KARL STORZ ENDOSCOPY-AMERICA, INC.	

Principal Place of Business 1951 NW 19TH ST., #103 BOCA RATON, FL 33431	Mailing Address 600 CROPORATE POINTE TAX DEPT. CULVER CITY, CA 90230-7600
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01212005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>95-2678449</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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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</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STORZ, SYBILL <del>600 CORPORATE POINTE</del> <del>CULVER CITY, CA 902307600</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	* P WILHELM, CHARLIE 600 CORPORATE POINTE CULVER CITY, CA 902307600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCFO GREEN, MARK 600 CORPORATE POINTE CULVER CITY, CA 902307600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEINE, GUDRUN <del>600 CORPORATE POINTE</del> <del>CULVER CITY, CA 902307600</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STORZ, KARL C 600 CORPORATE POINTE CULVER CITY, CA 902307600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMIRI, ALI 600 CORPORATE POINTE CULVER CITY, CA 902307600

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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: Elena Hein Date: 2/10/05 Daytime Phone #: 310 410 5544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR